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## ABSTRACT

This publication contains five action papers, as well as reaction to them, from a seminar on women and rehabilitation. The papers consider women both as professionals in the field of rehabilitation and as consumers of rehabilitation services. In the first two papers, Carolyn L. Vash, Martha M. Carrick, and Tamara Bibb explore the employment status of disabled women, and describe the problems they have faced in attempting to gain access to benefits and services. In both papers, it is implied that disabled women face the same types of discrimination as other women, but in more exaggerated forms because of their double handicap. In the third paper, Bobbie J. Atkins examines the problems faced by disabled women who are members of minority groups and makes recommendations to overcome these barriers. The last two papers of the conference, by Joan Thompson Barker and Denise C. Tate, focus on women as leaders in the field of rehabilitation (history, current status, law, and economics), exploring why women professionals are paid less than their male counterparts and have higher unemployment and how women can influence the rehabilitation of women in other parts of the world. Tributes to and biographical information about Mary E. Switzer are also included in the seminar papers. (KC)

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# TABLE OF CONTENTS

|                                                                                                           | Page |
|-----------------------------------------------------------------------------------------------------------|------|
| SPONSORS OF THE MONOGRAPH                                                                                 | 2    |
| OVERVIEW OF THE SEMINAR                                                                                   | 4    |
| A SUMMARY VIEWPOINT BY THE CHAIRWOMAN                                                                     | 5    |
| FOREWARD                                                                                                  | 5    |
| WELCOMING REMARKS                                                                                         | 6    |
| CURRENT SEMINAR AND FORMAT                                                                                | 7    |
| SOME THOUGHTS ABOUT MARY E. SWITZER                                                                       | 8    |
| SEMINAR PARTICIPANTS                                                                                      | 10   |
| REMEMBRANCES OF MARY E. SWITZER                                                                           | 12   |
| CHAPTER 1      Women and Employment<br>By Carolyn L. Vash, Ph.D,                                          | 15   |
| CHAPTER 2      Disabled Women and Access to Benefits and Services<br>By Martha M. Carrick and Tamara Bibb | 28   |
| CHAPTER 3      Women as Members of Special Populations in<br>Rehabilitation<br>By Bobbie J. Atkins, Ph.D  | 38   |
| CHAPTER 4      Women as Leaders in the Field of Rehabilitation<br>By Joan Thompson Barker                 | 47   |
| CHAPTER 5      Women and International Rehabilitation<br>By Denise C. Tate, Ph.D.                         | 63   |
| NATIONAL REHABILITATION ASSOCIATION:<br>BOARD OF DIRECTORS                                                | 78   |
| COMMISSION ON PROFESSIONAL CONCERNS                                                                       | 79   |
| SWITZER MEMORIAL COMMITTEE                                                                                | 79   |
| A PICTORIAL REVIEW OF THE SIXTH SWITZER SEMINAR                                                           | 80   |

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# Overview of the Seminar

The quality of the papers prepared for the seminar inspired provocative discussion by the participants. They commented on facts presented, and conclusions reached by the authors -- disagreeing at times, but usually agreeing with the choice of information the authors selected to include in their treatment of topics. The participants obviously delighted in the opportunity to share and match their own experience and judgements with those of their peers and the authors. Being responsible for the development of findings and recommendations in addition to those discussed or implied in the papers was a heady experience. The responsibility was accepted soberly; it presented a unique opportunity to work with other nationally recognized, informed persons about their common concerns of women in program development and women as beneficiaries of the rehabilitation efforts of our country.

Clearly, their exuberance was tinged with some regret. All of the hundred or more women proposed as participants obviously could not be accommodated in the seminar. Only about a fifth could be selected, and a tremendous amount of valuable experience and judgement was therefore not immediately called upon by this seminar on these significant topics of interest not only to women in rehabilitation, but also consumers and the rehabilitation professions as a whole. Perhaps the Switzer Committee or others reading the report will reach out to obtain the contribution of many more women and a focus on other important facts and points of view. Could each National Rehabilitation Association region, for example, sponsor a mini-seminar and keep the discussion going?

The seminar findings purposely have not been edited for written style and certainly not for content. The editors agreed that the substance and tone of the discussions are important to preserve for readers. The clusters of ideas and suggestions as written convey these well. In addition, there has been no attempt to reconcile any conflicts in recommendations. In each subgroup, the expressions of subjective judgement were encouraged -- and leaders do vary in their advice!

## A Sense of the Seminar

The presence of a biographer of Mary E. Switzer at the seminar was a strong reminder of Mary's responsibility of leadership and our own unique chance to reflect her legacy to us. Many of us stated that our satisfaction in being part of the seminar stemmed from a feeling that the rehabilitation movement currently lacks obvious unifying leadership. We asserted, also, that role models for the development of future leaders who learn how to, and are willing to work together, are very much needed. Can women lead the way? The group was pleased that the Switzer Committee chose this topic at a time when financial resources are limited and rehabilitation efforts at all levels in all programs are being forced to prove the worth, work, and their capability to survive in an atmosphere of a radically changed political climate. They expressed concern, however, that the current Administration in Washington, D.C., has not yet emphasized its belief in the power and necessity of effective intervention of

rehabilitation efforts to help disabled people help themselves. They expressed great concern about massive cuts in programs that had proved many times over that they were socially and economically cost-effective for the past half-century.

The impartiality of the discussants was apparent. No sector of the rehabilitation process or the rehabilitation community was singled out for high praise or censure. In effect, we tried to be carefully critical about the several programs and efforts. We were as tolerant as possible of public views of our work and our objectives. This was an experienced group of people idealistically motivated to create workable suggestions and observations at a time when the programs are facing a measure of uninformed and unfriendly criticism by leadership concerned about budgetary control and seemingly having little interest in why programs are needed and what they cost in order to forestall greater social costs and economic outlays.

We did not intend to achieve a series of recommendations that later would be lined up in priorities for administrative and/or legislative action. We felt no mandate to do so and we believed that people in different and various positions of authority and action should and will select from the report those findings and recommendations that they can use in a timely and effective manner.

**The Editors**

## Acknowledgements

The Sixth Mary E. Switzer Memorial Seminar and this Monograph of its proceedings were made possible by many people and organizations dedicated to the betterment of the lives of persons with disabilities. It should be noted that funds were initially raised by a special committee of the National Rehabilitation Association known as the Switzer Memorial Fund Committee and spearheaded by Mrs. Olive K. Banister.

Many played vital roles in the planning and implementation of this project and appreciation is expressed to the following: Brockman Schumacher, Ph.D., Chairperson of the Switzer Memorial Committee and the Committee members -- James R. Burress, Ed.D., Bill Gardner, Vincent C. Gray and Alfred Slicer -- Dr. Robert Brabham, Chairperson, NRA Commission on Professional Concerns; David Mills, NRA Executive Director and his staff members -- Dick Dietl, Judy Harris and Gloria Scott -- for their constant support and encouragement and, of course, to the NRA President Dr. Dan McAlees.

A note of special thanks are due to Dr. Edward C. Merrill, Jr., the President of Gallaudet College in Washington, D.C., for being a superb host of the Seminar; and to his staff members Sue Ellis and Mickie Ballotta and photographer Charlie Shoup, who are remembered for a flawless performance in making everything work just right. We also salute Kathaleen C. Arneson for her excellence in chairing the Seminar, Dick Dietl and James E. Gorman for final technical preparation of the Monograph; and last, but not least, the participants of the Seminar whose thoughts and suggestions are presented in this book.

**Leonard G. Perlman, Ed.D.**

**Seminar Coordinator**



# A Summary Viewpoint by the Chairwoman

I think the following are among the most significant outcomes of the seminar discussions:

**1. Women in rehabilitation must be more assertive.** Both as recipients of service and practitioners in the professions, women have not sought the attention which their needs, skills and potential would warrant.

Women are too often locked into inferior employment because of stereotyping against which they do not defend themselves.

Families, spouses, school teachers, rehabilitation counselors, and professional organizations play vitally significant roles in career choices and development of disabled women. Disabled women themselves should do more networking to contribute to and benefit from generic women's activities.

**2. Disabled and nondisabled women benefit from the variety of civil rights efforts, and as they achieve more recognition and opportunity, they must accept a greater measure of responsibility for bringing along the more vulnerable of their sex -- the women who are older; the handicapped who are also from minority racial and cultural groups; and the disabled women who have more than one handicap with which they are trying to cope.**

**3. Women must become better informed about and take action regarding legislative and regulatory developments at all governmental levels.** Significant opportunities and disincentives to employment, training and personal economic planning for enhancement are embodied in Medicare, Medicaid, other health, rehabilitation and insurance legislation, education, housing and welfare, and tax legislation.

**4. Congress must insist that federal and national agencies provide crucially important statistics and other information that is needed to guide national planning by the Congress and federal agencies to aid in developing employment, training, and other services for handicapped women.**

Cutbacks in information-gathering and the publication of information are threatening the capacity of responsible public authorities to provide relevant and timely information for policy consideration by all sectors that are normally involved in decision-making and recommendations at that end. This handicap to responsible administration is serious and should not be allowed to go unchecked.

**5. Greater numbers of women and men are living longer and thus are subject to more years with chronic disabling conditions** such as failing sight, impaired hearing and mobility problems. It is not clear that the institutions of society have identified how they should respond to changing needs of people for accessible transportation, affordable housing and timely counseling in independent living strategies and problems of isolation.

**6. Disabled women in ethnic and racial minority groups find it difficult to understand and get into and use regular rehabilitation and other service**

**systems.** They are often lost, do not enter, or get at odds with systems and disappear unless the systems can adapt somewhat to them. This crucial problem and related ones such as attitudinal and communication barriers need creative attention through action and demonstration programs.

**7. U.S. and U.N. agencies need to be encouraged to coordinate their policy actions in technical assistance and aid programs.** Increased needs, greater expectations and falling budgets urgently require new efforts to complement and support appropriate governmental and nongovernmental efforts toward greater cost-beneficial service programs and technological development.

**8. Prevention of disability in children and women must be considered as a priority and as a means of reducing demands for rehabilitation and retraining programs for adults.** The UN's new emphasis on prevention should receive wholehearted support.

Kathleen C. Arneson, M.A.

Chairwoman, Sixth Switzer Memorial Seminar

## Foreward

Once again the Mary E. Switzer Memorial Committee has produced an outstanding document that will make a major contribution to the field of rehabilitation. It is with great pride that the National Rehabilitation Association sponsors this monograph calling attention to the often ignored topic of "Women and Rehabilitation."

The topic itself is timely and appropriate as we honor the memory of a "First Lady of Rehabilitation," Mary E. Switzer. She was not only a great thinker, but a doer, whose efforts and innovations have provided a sound foundation for many of the programs and progress we have seen in the field over the past three decades.

The authors and participants of the seminar that resulted in this text provide a clear understanding of the issues and the difficulties as well as solutions and implications for action. Women's role in rehabilitation is clearly delineated along with the challenges for needed change and progress.

The spirit and commitment of Mary E. Switzer is very much alive in the monograph which stands as a guide for action in the coming years. While some of the recommendations may sound all too familiar, their implementation has yet to occur.

It is our sincere hope that policy-makers, legislators at all levels of government, and rehabilitation specialists of all types, including rehabilitation personnel in training, will take more than a close look at these findings and implications. Action is needed now, and more than rehabilitation is at stake.

Dan McAlees, Ph.D.

President

National Rehabilitation Association



# Welcoming Remarks at the Seminar

Mrs Jean Tufts

Assistant Secretary for Special Education and Rehabilitative Services  
U.S. Department of Education

The Mary E. Switzer Seminar has a proud and distinguished history, a history steeped in the finest traditions of communication and the strictest discipline of research. These traditions which bring us here together are not traditions which evolved, gradually, through time like a Darwinian example. The traditions of excellence and innovation which are espoused and embodied in this Seminar have a finite beginning. They began with one person -- Mary E. Switzer.

I have recently been talking to some thoughtful colleagues, and they have shared some anecdotes with me that help me prove this point.

When the drafters of the first policies governing the education of handicapped children met in Washington to set forth their goals and plans, they found the structuring of those documents difficult. They were plowing new ground, pioneering new educational innovations.

They looked for models to help them. These models existed in a sister agency, Vocational Rehabilitation, whose policy and procedures were clear, firm, uncompromising and relevant. They strove for the same kind of excellence in their documents, and special education owes a large measure of gratitude to our early rehabilitation colleagues for the clear paths they set down for us to emulate.

In the 1960s, when the legislation providing training, models and research for special education was broadened as well as increased, when the Bureau of Education for the Handicapped was first formed, BEH was almost placed in what is now the Rehabilitation Services Administration. The head of that agency was most articulate in formulating the idea for a continuum of services for a "common client", a life-long handicapped and disabled person, who would eventually be served by both special education and rehabilitation. Special education is really habilitation, it was argued, and habilitation and rehabilitation are but different stages in preparing a person to adjust to a non-handicapped world in as fulfilling a way as possible. BEH was eventually better seen fit for education, however, and the position that prevailed was to place the Bureau of Education for the Handicapped in the Office of Education. Now, as we struggle to reestablish a continuum of services for the "common client" of special education and rehabilitation, we are reminded of the foresight of that Vocational Rehabilitation Agency head who sought the same continuum decades ago.

I cite these two examples, because they symbolically highlight, at this meeting, those characteristics of vocational rehabilitation that give this forum its importance.

Vocational Rehabilitation has been clear in its goals. Its processes may vary, but the end product of rehabilitation has always been the return of the disabled individual to the fullest functioning role in a caring society. The head of that early Vocational Rehabilitation Agency, Mary E. Switzer, insisted on clarity and brevity in her official documents. Those to whom she communicated had no trouble at all in perceiving her intent, and in pursuing the goals of rehabilitation.

Mary E. Switzer had the foresight to predict the professional problems and their solutions, of the disciplines for habilitation and rehabilitation. Because she focused on individuals, not statistics, her policy evolved into increasingly more freedom for professionals in working toward the goals of rehabilitation. She cared little for strict professional boundaries -- she was more interested in the one-on-one rehabilitation relationship that produced results -- that interaction, more often than not, took all the skills of any one rehabilitation expert, not narrow skills applied consequently by specialists.

Mary Switzer realized that politics played as much a role in the decisions of leadership as did theory, tradition and expediency. Although she did not obtain the administration of BEH, she expanded the range and scope of rehabilitation tremendously. She built a "therapeutic empire" that helped millions of otherwise wasted individuals and potential. She formed political alliances based on the needs of disabled persons, alliances which promised security and continuity in funding and services. She learned -- and practiced -- the art of politics, an art that rarely has been equalled in the "Washington Scene." Mary Switzer used her considerable contacts in the U.S. Congress in a manner that proved to the professional field that the political ramifications of rehabilitation were as important to the benefit of disabled persons as the service itself.

I now work in the Mary E. Switzer Building. We are again struggling to clarify our goals in light of a new economic recovery effort. We are seeking new ways to foster a more efficient continuum of services for common clients. We are seeking support within the politics of government, social leadership, and forceful advocates. We recognize and try to advise professionals, Congresspersons and lobbyists alike. The spirit and determination of Mary Switzer is still very much alive in the building named for her in Washington, D.C., and her traditions guide us immeasurably in our daily work.

Those governmental leaders, the ones that carry forth the ideals and goals of Mary Switzer, are the same leaders who will read the results of this seminar and seek to ex-

tract the essence of Mary Switzer from it. They will use this seminar as a beacon because it carries her name and because you have been carefully selected to follow in her tradition.

Your theme, "Women and Rehabilitation" is particularly apt in honoring Mary Switzer. A "first lady" in rehabilitation for seventeen years, and a pioneer woman in what was then (and in places still is), a man's field.

I feel certain that Mary Switzer would thoroughly enjoy this seminar dedicated to her memory and that I will

read your deliberations with great thoughtfulness. Your topic is of course, central to my personal interests.

I welcome your contributions to our field.

I welcome your revitalization of the spirit of Mary E. Switzer.

I welcome you to Washington, and the inspiration that Mary Switzer gave us all to break through the earlier traditions of our field to find the golden nuggets of change underneath.

Thank you for your hard work.

## The Current Seminar

The Sixth Annual Mary E. Switzer Memorial Seminar was held November 16-18, 1981, in Washington, D.C., and hosted by Gallaudet College. The current seminar was entitled, "Women and Rehabilitation" and focused on many of the major issues confronting disabled women, and also from the viewpoint of women as leaders in the field of rehabilitation. The topic could not have been more appropriate since the seminar was a memorial tribute to one of the foremost woman leaders in America.

The seminar participants were welcomed by Dr. John

Schuchman, Vice President for Academic Affairs at Gallaudet College; Mrs. Jean Tufts, Assistant Secretary of Special Education and Rehabilitative Services, Department of Education; Dr. Martha Lentz Walker, Director of Rehabilitation Counselor Education, Kent State University (currently writing a biography of Miss Switzer); and James R. Burrell, Ed.D., representing the Switzer Memorial Committee of NRA.

Kathaleen C. Arneson, Legislative Liaison for the League of Disabled Voters, chaired the seminar.

## Format of the Seminar and Monograph

Five "Action Papers" were prepared exclusively for the Memorial Seminar by participants in the seminar. They focused on such areas as "Women and Employment," "Access to Benefits and Services by Disabled Women," "Women as Members of Special Populations," "Women as Leaders in Rehabilitation," and "Women and International Rehabilitation."

The "Action Papers" were sent to all designated "Switzer Fellows" well in advance of the actual seminar. Reviews and comments were completed prior to the seminar.

The seminar provided a forum to discuss each of the basic issues in depth. This was done in both plenary sessions and small work group sessions that focused on each "Action Paper." The three-day program of intense

deliberations culminated in a number of recommendations for action in the area of policy and program development, service delivery, research, training and legislation.

The format of this monograph closely follows the seminar itself. Each "Action Paper" is shown as a chapter and includes a section on "Reviews and Comments" made by the participants and another section summarizes the recommendations and implications for action.

It is the hope of all persons involved in this Sixth Switzer Memorial Seminar that this text will provide added awareness and a stimulus for action on behalf of handicapped individuals.

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# Some Thoughts About Mary E. Switzer

By Martha Lentz Walker, Ph.D.

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I was not as privileged as some of you. I never talked with Mary Switzer, nor have I seen her in a public appearance. Still I have been intrigued by her as an anomaly. Here was a woman, in a period and place of male sovereignty, who established and maintained her leadership for half a century. I have waited too long for someone to illumine this life which was such a departure from the usual. Finally, last spring, I was spurred by two incidents to undertake Mary Elizabeth Switzer's biography.

The first was upon hearing the archivist at the Schlesinger Library tell of a call she had made to Washington, seeking information about Miss Switzer. To the archivist's and my consternation, her informant said: "Oh, Mary E. Switzer isn't a person, that's a building!" Ten years seems too short a time for Mary E. Switzer to be remembered only as a building. My alarm is mirrored in Henry James analysis of the change between death and remembrance:

**After a man's long work is over and the sound of his voice is still, those in whose regard he has held a high place find his image strangely simplified and summarized. The hand of death, in passing over it, has smoothed the folds, made it more typical and general. The figure retained by memory is compressed and intensified; accidents have dropped away from it and shades have ceased to count; it stands, sharply, for a few estimated and cherished things, rather than, nebulously, for a swarm of possibilities"**

I know from my brief study that Mary E. Switzer was never typical, that her consciousness literally swarmed, and that her reality must be captured for generations of women and rehabilitationists to savor.

My fear was joined by anger when I visited Judy Chicago's exhibit, *The Dinner Party*. I knew that it had taken a research team of twenty, more than two years to

identify the women in history who met three criteria:

- they had made a significant contribution to society;
- they attempted to improve conditions of women;
- their lives provided a model for the future.

I would give way to saints and to Eleanor of Aquitaine, who made it to the table, but not to the 999 others who were deemed of sufficient significance to be on the Heritage Floor. Mary E. Switzer was nowhere to be found. I do not know if she was among the 3,000 women identified in the historical search underlying this art exhibit. I do know that had the aspects of her life which made her so influential been fully known, Miss Switzer would at least have joined the Katherine Hepburns and Clara Bartons on the Heritage Floor.

And so I began, first with a week submerged in the Switzer Collection at the Schlesinger Library at Radcliffe, then with a trip to Washington and Virginia to interview several persons who had worked with her closely over the most public part of her life. I now visit with Mary Switzer at least four hours every day, and the communication provided through her papers and her colleagues' memories seems direct, almost mystical. I find myself imagining how she would react to crises in the other part of my life, the daily travails of university settings. She has become my companion and my guide, and it is that genuine emotion I would like to convey to you today. I have entered the discipline of the biographer, listening to the facts without interruption, letting Miss Switzer's papers and the interview with her peers produce their own effect. In that process I have felt what biographers call "the eternal reverberation," a certainty that I have constructed something from these facts that is true. Those truths are very few in number at this stage of my research, but I would like you to know what has sprung from this ghostly relationship.



I believe that Mary E. Switzer knew someone would write her biography. She contributed papers between the years 1962 and 1971, and after her death her trusted friend and secretary, Frances Curtis, completed the Switzer Collection with additional papers. The 84 file boxes constitute a "considerable creation," just the advice George Sand gave anyone who thought she might become the subject of a biography. Private papers, personal thoughts are not contained in the Switzer collection. The rare glimpse of her personal life, the gold of her personality are the prize of hours of study of these peculiar inert materials. I believe that Mary Switzer in life, as in death, allowed only as much of her self to be known as she thought was instructive or understandable by those around her. She will teach me patience, and if I prove a good student, will show me more of her nature.

Had I known the complexity of her personality, the diversity of people and thoughts that influenced Mary Switzer, I would probably have been overwhelmed and would never have begun her biography. The paradoxes which quickly emerged haunt me. I have seen a photograph of an eight-year old Mary, in full costume of organdy and curls, posed reverently holding a book. Soft, yet relentless, a photograph predictive of this polarity throughout her life. I have also seen a photograph of her Uncle Mike, the Irish rebel-philosopher who appears debonair in his stance, but who so successfully implanted his ideals in Mary Switzer that classmates at Radcliffe recognized them in the 1921 year-book, saying: "Mary is a radical always with axe out for something in the social order." Can this be the zeal that kept her patiently learning the artistry of memos, the wisdom of thorough investigation before the tree is felled? Can this be the determination that enabled her to be "second string," the "eyes, ears, and voice" of someone else for 29 years, until she at last formally took charge of the Office of Vocational Rehabilitation in 1950? Such formidable persistence from such a disarming source was described by an old Washington hand in this way:

**"I worked with Mary Switzer and found her to possess the tenacity of a bulldog. She followed an issue wherever it led and knew how to use a jimmy to get into places that blocked her entry. She had a special talent when it came to the need to compromise. She'd give up points, but never substance."**

Many trees were felled (congressional hearings dominated) by the lessons taught by Uncle Mike. She and her sister, Ann, had drummed into their head the principle "before you argue, have the facts!" Mary Switzer would advise colleagues to have a good memory and a good set of files and would turn to staff and demand "the truth, now!" The lovely little Irish girl in the pristine pose used the book as an axe to cut through so that she could do what she was sure needed to be done. After all, Uncle Mike had told her so.

I emerge from my study with such awe that I must admit great pleasure when I find a spot of human frailty. How endearing to come upon the correspondence Mary had with the "Appointment Officer" at Radcliffe, shortly after graduation. This newcomer to Washington was so vulnerable that she was grateful to have her \$30 a month room at the National Clubhouse of the American Association of University Women. She reveals the pleas-

ing uncertainty when she asks to be informed of any jobs in industrial research or teaching. Mary E. Switzer needed "Just One Break" in 1921, and she got it, through Elizabeth Brandeis, daughter of the Supreme Court Justice and fellow Radcliffe graduate, who helped her find a niche in the U.S. Treasury Department. Without this assist, Mary may have "gone West" in the fall of 1922, as she hinted in letters to Miss Moore of Radcliffe. Happily, Mary met persons at such turning points throughout her early career, who gave her other opportunities and added to her fund of knowledge.

I do not want to still the "swarm of possibilities" that was Mary E. Switzer, even for an overture such as this. I want to communicate my excitement in getting to know the accidents and the anecdotes. There is no doubt in my mind of Mary Switzer's contribution to us all and particularly, the shattering of a stereotype of women through her steady ascendance. The real significance of her image is being acted out for me as I work toward my goal. Her colleagues have been joyous in their recollections and generous in their gifts. Without exception, each person I have interviewed has brought "an offering" they considered important: an article, a photograph, a piece of them that had been framed from contact with her. I had been home for less than a week when a package arrived, containing a framed picture of Mary E. Switzer. It came from a close friend and colleague, and I believe it must have hung on her office wall for many years. And now it hangs on mine, in the room at my home where I draw into that special world of Mary E. Switzer. I cannot leave without looking her in the eye. This outpouring of love and interest which has survived eleven years without revitalization is the signal testimony to Mary E. Switzer's significance.

Very few persons have the distinction of becoming a part of our language. Current "Stonewalling" has called back to mind Stonewall Jackson who made the American image that of dogged resistance. I hope that the collection of memories and facts about Mary Switzer, which the NRA Memorial Fund Committee has endorsed and supported through a grant to me, will have only one aspect of summarization: that her constancy and competence will be captured in a new eponym, "Switzering." I hope that the word will call up the more complete image of a woman persuasive, tenacious, and committed to the enlivening of humanity.

Doesn't the word "Switzering" call up the "swarm of possibilities" in any occasion, certainly one as historic as this? I can imagine Mary E. Switzer being terribly pleased with this sort of tribute: the collection of minds and personalities for mutual search (and perhaps even some truth-telling.) We are in need of truth and of heroes and heroines in rehabilitation today. Despair is our arch enemy, even as it was once hers. Her last message (written six days before her death and telegraphed to the 1971 NRA Conference) seems as if it is addressed to us now:

**"... The challenge is to keep the program personalized. We are dealing with people, not statistics. . . they must not be smothered in paperwork. They must be encouraged to do what they feel is necessary for the individual. Although I cannot be there with you this year, I am with you in heart and spirit. Keep up the good work."**

I would call that good work "Switzering."

# The 1981 Switzer Participants



Adler



Atkins



Barker



Carrick



Dixon



Elder



Galber



Hackett



Lacatta



Lord



Lowder



Minton



Schmones



Sherman



Snider



Stubbs



Tate



Villines



Vash

Photos by Charlie Shoup  
Gallaudet College

## Participants in the Sixth Mary E. Switzer Memorial Seminar

**Ms. EDNA ADLER**  
RSA, OSERS  
Washington, D.C.

**Dr. BOBBIE ATKINS**  
University of Wisconsin-Milwaukee  
Milwaukee, Wisconsin

**Ms. JOAN THOMPSON BARKER**  
Versailles, Kentucky

**Ms. MARTHA CARRICK**  
RSA, Regional Office IV  
Atlanta, Georgia

**Mrs. SUSAN FLOWERS DIXON**  
U.S. Council for IYDP  
Washington, D.C.

**Ms. BILLIE ELDER**  
Arkansas Enterprise for the Blind  
Little Rock, Arkansas

**Ms. YETTA GALIBER**  
Information Center for Handicapped Individuals  
Washington, D.C.

**Mrs. SHEILA W. HACKETT**  
U.S. Department of Labor  
Washington, D.C.

**Mrs. JUNE LACATTA**  
South Carolina Educational Television  
Columbia, South Carolina

**Ms. CHRIS LORD**  
Office of Senator Orrin Hatch  
Springfield, Virginia

**Ms. FRANCES LOWDER**  
Office of Civil Rights  
Arlington, Virginia

**Ms. ELIZABETH MINTON**  
West Virginia R&T Center  
Dunbar, West Virginia

**Ms. THELMA SCHMONES**  
RSA, Region II  
New York, New York

**Dr. HAROLD SNIDER**  
Washington, D.C.

**Ms. MIRIAM STUBBS**  
RSA, OPERS  
Washington, D.C.

**Dr. DENISE G. TATE**  
Michigan State University  
East Lansing, Michigan

**Ms. EVELYNE R. VILLINES**  
Easter Seal Center  
Des Moines, Iowa

**Dr. CAROLYN VASH**  
Institute for Informational Studies  
Altadena, California

### SPECIAL GUESTS

**Mrs. JEAN TUFTS**  
Assistant Secretary for Special Education  
and Rehabilitative Services (OSERS),  
Department of Education  
Washington, D.C.

**Dr. MARTHA LENTZ WALKER**  
Director of Rehabilitation Counselor  
Education  
Kent State University  
Kent, Ohio

**Dr. JOHN SCHUCHMAN**  
Vice President for Academics Affairs  
Gallaudet College  
Washington, D.C.

**Dr. JAMES R. BURRESS, Ed.D.**  
Switzer Memorial Committee Member  
Denver, Colorado



# Remembrances of Mary E. Switzer by Friends and Colleagues

## Mary -- A Lady, An Administrator

*Since Mary E. Switzer's death, people have always relished and told stories of their experiences as Mary's friend or colleague. For this issue of the monograph of the Switzer Memorial Seminar we felt it most appropriate to capture some of these stories, anecdotes and remembrances of Mary.*

"I remember Mary," is the inevitable start of what usually is a little known -- often whimsical side of our mutual friend. Just as possible, the story is an evidence of the creative, charismatic leader of our rehabilitation movement. No one was unaware when Mary entered the room. One could feel the elemental strength of leadership.

Mary was many women. The warm compassionate confidant. The frightened school girl. The impatient, intense, surefooted, creative and conspiratorial leader of the rehabilitation program. She was one's older sister whose knowledge, contacts and intuitions were readily shared.

She was generous with her praise -- and in the next breath frankly sought a friend's approval. In one-on-one conferences she drew a person into her confidential web. She gave one her complete attention and projected a loving concern and acceptance of your problem or your proposal to her.

One day, after a particularly long and involved session with her on legislative strategy, I told her how much I thoroughly enjoyed working with her. Unaccountably, she blushed and beamed with pleasure as if I had conferred a great honor upon her. Her reply was a surprise, too. "I am never sure about your reaction to my ideas. Now I know you respect me. Am I as good as Dr. Eliot? (referring to a contemporary leader in Maternal and Child Health Services)," I think I recovered quickly enough to say, or imply, that each of them had faced successfully, many strong challenges to her authority and leadership...

I still miss Mary. She amused, annoyed, intrigued and inspired all of us to do our best.

**Kathleen C. Arneson**

**Legislative Assistant to Mary E. Switzer**

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I first met Mary Switzer in the spring of 1951. Mary was named Director of the Office of Vocational Rehabilitation in December of 1950 to the surprise and chagrin of many people. I was a supervisor, at the time, in the District of Columbia Vocational Rehabilitation Service. Mary had come over to the D.C. program offices to get a "feel for the rehabilitation process in action." I was somewhat embarrassed as we were introduced by David Amato, then director of the D.C. program. I was quickly put at ease with the warmth and sincerity with which Mary engaged me in conversation. The conference lasted nearly two hours with discussions of the case process, from referral and acceptance to closure. She was in-

terested in counselor qualifications, use of consultants, relationships with other agencies and the effectiveness of supervision and much more. This was an experience I will cherish forever.

As the years passed I realized the deep concern Mary had for all people with problems. She sought and fought for more efficient and better service for many more seriously handicapped people than we served in the earlier days of the program. It was that kind of concern and commitment for the next twenty years that caused Mary Switzer to become known as the great leader that she was.

**James R. Burrell, Ed.D.**

**Former Regional Commissioner, RSA**

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We all remember the resourceful Mary Switzer, that master politician who could marshal on a first-name basis governors of states, heads of non-profit agencies, presidents of foundations, holders of large purse, wielders of power, and cajoling, wheeling, dealing use them to achieve her rehabilitation objectives. How she loved the "Great Game of Politics!"

But I remember, with special affection, a quiet, muted, musing Mary Switzer who one day spoke of beauty. "Why do we pay so little attention to beauty in life?" She began to talk of a little old man she had met, whose whole life had been dedicated to beauty. He had opened her eyes, spoken to her spirit. As he had talked, she, who had done so much to bring services to the handicapped, was asking herself why she had overlooked aesthetics. It was beginning to occur to her, she said, that aesthetics might be more important in the end, might even have more therapeutic value, she added, warming to her role -- than a lot of our current psychological and social services. Beauty could nurture; it could energize; it could be a bond; it could heighten understanding between persons. This little man had an idea (now she was the achiever, the doer) she was going to help him bring it to pass.

I like to remember the Mary Switzer who made it possible for Allen Eaton to complete his book **Beauty for the Sighted and the Blind**, to add to his collections (for museums) of objects of beauty that could be appreciated through the sense of touch, and to work with museums to develop ways that their treasures could be increasingly available for the enjoyment of the blind. Mary Switzer never lost her commitment to the role of aesthetics in rehabilitation. She carried it into her championship of the National Theatre for the Deaf, her successful fight for

legislation for captioned films for the deaf, her battle for physical access for the handicapped to public buildings, museums, theatres, galleries. Now and then, above the tumult of the political game, one could hear the quiet notes of her *Homage to Beauty*.

**Elizabeth Chase**  
Former Legislative Assistant  
Office of Vocational Rehabilitation

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I remember a small "attic" room in the Treasury Department -- the year 1933 -- just as Franklin D. Roosevelt had become President. The desks were piled with mail, people from every corner of the United States were writing the President and the Secretary of the Treasury about their depression, not only in money but in spirit.

The Secretary, Henry Morgenthau, Jr., had established a Secretary's Correspondence Division to know what people were thinking and to answer those letters. Many new agencies had been set up by the President to attack the "Great Depression." Mary E. Switzer was assigned as Assistant to that Division. Letters were answered and many referred to the various departments of government and the new agencies that had been set up to meet the country's problems. At times, Mary (as everyone called her) would pay a visit to a citizen of the District of Columbia who had written the President and talk to them about aid that was available.

When Josephine Roche was appointed Assistant Secretary of the Treasury in charge of the Public Health Service the President appointed Miss Switzer and as Miss Roche's assistant. In 1939, when the Federal Security Agency was set up, Miss Switzer was asked by the Administrator of the FSA to join the agency which was "to promote social and economic security, education, and health of the citizens of the nation." She became assistant to the administrator with concern for public health and vocational rehabilitation services.

Her interest in rehabilitation came as a result of the war years when she worked with the Procurement and Assignment Service under the direction of Dr. Frank Lahey, of the Lahey Clinic in Boston. She realized what an important part doctors could play in bringing disabled and disadvantaged people back to a more normal life and contribute to the nation. Public service was a way to lead many to making it a reality. Not only in our own country but in countries around the world. One example was her work in the World Health Organization (WHO) where she represented the United States.

She believed that public servants should have the attitude of commitment and caring of each individual, and a true belief in the inner capability and hope that each person has within them if it can be nourished and enhanced. She was a "bureaucrat" as government employees are often called, but in her was a mission, vision, faith, hope and joy in obtaining the results of dedicated work. She believed that government could make a difference and inspire and lead the way.

From that "attic" room came a breeze that touched many, and improved lives of millions.

**Josephine Coe**  
Secretary to Miss Switzer

Mary Switzer was a remarkable person whose daily life was a Renaissance recital. She had the broad interests of the liberal arts major yet she was able to balance with the utmost pragmatism. She was "soft" in dealing with those under her and "hard" with peers and superiors. She was most skillful in her use of information, rarely making rash promises. She was superb in her capacity to delegate authority and yet knew when to draw in the reins. She committed her career to the nation's needy and was recognized for it by their unswerving support. That support came from staff, from consumers, and from Congress. As to the latter, she was always the brilliant witness to whom they listened -- and responded positively. Mary's interests were catholic -- theatre, arts, music -- and not just domestic, but overseas as well. She brought us dignity and recognition around the world.

**James F. Garrett, Ph.D.**  
Former Assistant Commissioner, RSA

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Her leadership was not of the Scientific Management genre, with its jargon, charts, processes and machinery, for which she had little taste. It was a unique art form -- a leadership into which she put the total person, a woman of good instincts, imagination and intelligence, with untiring interest in the social problems of her country and the world, especially the problems of the poor, the handicapped and the sick.

Like all artists, she had moments of self-doubt, but never lost sight of her visions nor the command of her materials and colors with which she would focus the proper direction of her program and projects.

In her policy-making she thought and talked from a wide reading of history, biography, literature, political philosophy and significant years of government experience gained in high places.

She was adroit and in planning strategy and tactics was not above political maneuvers when indicated (all her roots were Irish), but these moves and plays were always directed toward good ends.

This flowing personality had many points of access -- entry doors -- for people from all parts of the world who needed to learn from her to know more intimately her mind and heart. For those in distress who needed her most there was always sincere compassion and for these she kept an extra supply of heart-beats and personal help.

She was a captivating public speaker with a good stage presence. She liked to write and wrote well. Like her hero, Franklin D. Roosevelt, she was a charming and accomplished letter writer.

She was honored by her government and many universities. Great tributes to her may be found in professional publications and in the Congressional Record.

My favorite tribute comes from John Gardner who was once asked why he admired Mary Switzer so much. He replied:

"She makes the world around her come alive."

**Joseph Hunt**  
Former Commissioner, RSA

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If one thing can be said to characterize Mary Switzer, it was her constant quest for change -- change that would

lead to greater economic, educational and social opportunities for disabled people. She would not accept the established order of doing things if through change in the rehabilitation system or social system the lives of disabled people could be enhanced or improved. Thus the question she asked and the criterion she applied to every proposal that either she or others advanced was, "Will it make a difference?" If it would make a difference for the better, nothing stood in her way toward its achievement through her work with the Congress, Administrations, community groups and leaders in securing needed legislation or changes in the delivery systems.

**Joseph M. Larocca**

**Former Chief, International Activities  
Vocational Rehabilitation Administration**

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I first met Mary Switzer in 1950 at a March of Dimes function. The following year the First International Polio Conference was held in Copenhagen and we met again.

As we gathered at the hotel where the conference was being held great consternation arose. The hotel had no record of Mary's registration and all rooms were booked.

At that point Mrs. Roosevelt arrived on the scene and discovered that two suites had been reserved for her. Of course she offered one to the Director of the Office of Vocational Rehabilitation (OVR) who was so happy later to announce to one and all she had occupied Mrs. R's suite.

Some years later I was similarly elated. I applied for a fellowship to study Rehab Medicine with Dr. Rusk and received a hand written note from Mary Switzer, Commissioner of OVR, welcoming me to the Rehab family. It was my turn to be honored by a great hearted lady!

**Kathleen Lloyd, M.D.  
Medical Officer, RSA**

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Memories of Mary, what a delightful trip back memory lane of a quarter century of one-night stands and shared programs, endless meetings and plane rides here and abroad. She was a master of the Shakesperian one-liner: "First, we've got to shoot all the lawyers," or "if there wasn't a President's Committee we'd have to invent one," or "Hope is the anchor of life." With her knitting needles she could endure meetings waiting for her turn at the mike, or, if in the chair, waiting until the drone of the moment stopped before putting on the next in line.

And human she was. Once, at the Statler Hilton in D.C., I approached the head table to say "hello" or to share some now unimportant news and Mary said: "Come closer, Bill." I said: "Why, Mary, I didn't know you cared." She replied: "I don't, but come closer." As I leaned toward her, shielding her from any eyes on the right, she flipped a delicious hard roll off her plate near the table end, right into her opened purse. She roared with laughter when I pulled a similar morsel out of my coat pocket, saying: "Mary, I thought I was the only one who did that!"

An honorary "doctor" so often that the rest of us mere mortals lost count, she carried laurels lightly, sharing them with her devoted and dedicated associates, Joe

Hunt, Russ Dean, Jim Garrett, Kay Arneson and many others whose loyalty and devotion to the woman I called "Queen Mary" was proof of her genius.

**Bill McCahill**

**Executive Secretary, President's Committee on Employment of the Handicapped, 1947-1973**

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The marks of leadership are frequently found in an individual's capacity to arouse respect, devotion and action, based not only on such elusive qualities as charisma, but rather on a sound knowledge base, skills of maneuverability, capacity to charm and firmness under adversity. All of these qualities were part of the vision and memory of Miss Switzer.

She could and did address an audience of some 3,000 people, without notes, with less than a day's notice following the withdrawal of a keynote speaker, resulting in a response where not a cough was heard. Nor was there any movement to leave prior to her closing remarks, ending with a standing ovation.

I remember her retirement dinner, attended by almost all of the Department's Secretaries under whom she served. She was the highest ranking female civil servant in the United States at the time.

Nanette Fabray sang and signed "The Impossible Dream," Miss Switzer's favorite song. By evening's end, politicians, providers, professionals, peers and personalities knew they had come to pay tribute to a gracious, beloved, great lady.

**Thelma Schmones  
Regional Office, RSA**

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Still new on the job I believed that everything with a due date had to be out by that date. Early one morning I carried a memo requiring Mary's signature in to Ann Verano, Mary's secretary, asking her to please expedite the process. After checking with Ann a number of times and finding no signature as yet, I asked Ann if I could see Mary. Reluctantly, Ann permitted me to knock at Mary's door. "Come in." I entered and without pause asked if the memo had been signed? Mary's eyes flashed as she said to me, "Ralph, if you keep pushing me I'll push that memo right into the wastebasket!" I paused for an instant and feeling (and I'm sure looking) very dejected, I responded, "but Miss Switzer (never Mary) that's your business I'm pushing." Mary looked at me for a second, a smile forming and said to me, "I appreciate your concern for my business." She signed the memo! I left her office feeling, what a terrific person -- and she was.

**Ralph W. Susman  
Former Regional Commissioner, RSA**



## Chapter One

By Carolyn L. Vash, Ph.D.

# Women and Employment

The primary purpose of this paper is to examine the employment status of women with disabilities in order to plan future corrective action. This will entail reviewing the historical-cultural substrates; the basic principles of career choice and development; current employment opportunities; barriers to women and disabled workers; and mechanisms for circumventing natural barriers and eliminating artificial ones. Because the employment problems of disabled women have much in common with those of women and disabled people generally, much that is written will be applicable to non-disabled women and disabled men as well.

Although a great deal has been written on the employment of women and disabled people, little attention has been paid in either the rehabilitation or feminist literature to the explicit issues associated with the employment of women who have disabilities. Consequently, this paper will attempt to apply familiar, general concepts to this population. It will draw primarily from the author's professional experience and secondarily from the recorded experience, research findings, and hypothetical constructions of others. Interview material from key individuals who have concerned themselves with the particulars of disabled women's employment status and outlook will be used to maintain balance and give additional perspective.

### The Problem at Hand

The largest problem confronting disabled women and all other employment seekers is a glutted labor market coupled with its obverse, a rarified job market. Currently estimated at approximately 8.0% nationwide, no one knows the actual unemployment rate in this country to-

day, however it might be defined, because the state employment service statistics used to formulate official estimates are known to be based on incomplete data. Only a small subset of employers use the state employment services to fill their job vacancies, and there is no basis for assuming it to be a representative sample of all employers. At the same time, only a small subset of individuals who would define themselves as "unemployed" appear on record as drawing unemployment insurance. Thus, the actual job market of individuals wanting, but not having employment is probably underestimated. Also, the estimates vary enormously among localities. A few "boom" areas report virtually no unemployment and, as an example, the Navajo Tribe reports nearly a fifty per cent unemployment rate.

According to the **Digest of Data on Persons with Disabilities** (Rehab Group, 1979), about 8.5 million women report disabilities, and such disabilities have more negative effects on women's employment than they do on that of men. After becoming disabled, only 52.2% of women were able to find jobs, while 56.8% of men found jobs. Among recently disabled adults, 9.8% of males saw their yearly income decline 11 to 49%, while 11.5% of women saw such a decline. Among those whose income decreased by 50% or more, women were in the majority. Only 74.5% of the men experienced such a loss, while 82.8% of the women did. Even among disabled persons who received rehabilitation services, there were sharp income differences according to sex. In the lowest weekly earning category reported (\$100-124) were found 34% of the males and 48% of the females studied. In the highest weekly earning category reported (\$200 and over) were found 24% of the males and 10% of the females. Other

data indicate that disabled women, like their nondisabled sisters, generally find themselves in traditionally female jobs with low salaries and status.

The statistics just cited, read differently, indicate a 47.8% unemployment rate among disabled women who are possessed of pre-disability work histories -- a factor considered a powerful advantage in the vocational establishment process.

Additional national statistics (U.S. Department of Health and Human Services, 1980) indicate that:

- 18% of all women in the United States between the ages of 16 and 64 have some sort of disability that substantially limits one or more life functions, as compared with 16% of men;
- 10% of all women in the United States between the ages of 16 and 64 report that they are severely disabled, as compared with 7% of men;
- of women with partial disabilities, only half are employed and only three-fifths of that number work full time. Among men, partial disability has almost no effect on employment.
- While 18% of the men classified as severely disabled reported employment activity, only 8% of the women did.

From the state level, a fact sheet made available by the California State Department of Rehabilitation shows the following employment disparities between male and female agency personnel who have disabilities at the time of this writing.

- Whereas females comprise 64% of the total agency's personnel, only 46.5% of its disabled personnel are women.
- Whereas 43.9% of the agency's professional personnel are women, only 33% of its disabled professionals are women.

Other data show that only 19.5% of the agency's administrators are women (8 out of 41). Happily, corrective efforts are underway.

**Disabled Women's Employment Heritage.** Why do disabled women have more trouble getting good jobs, or any jobs at all, than disabled men? The answer unquestionably lies alongside the reasons for women's impoverished employment status generally. Sex-role stereotyping is often cited as the prime cause. However, behind sex-role stereotyping is M-O-N-E-Y; specifically, the economics of job market competition and exclusion.

The process was illustrated clearly during and following World War II. While the able-bodied males were off to war, the women and disabled people left at home were rather suddenly defined as fully competent to handle the vacated jobs and new ones created by the war industry. When the soldiers returned, in need of civilian jobs, women and disabled people were equally suddenly redefined as no longer capable of performing the duties adequately. "Rosie the Riveter" fell from honor and became a ludicrous image; charitable fund raising campaigns presented increasingly pathetic exemplars of "the disabled." Women were explicitly reassured that peacetime meant they would no longer have to pervert their feminine natures with inappropriate work activity; besides, there were babies to be had. No one said much of anything to the displaced workers with disabilities, but increasing amounts of money began to be allocated to the very difficult job of integrating them into the labor market. The proportion of state vocational rehabilitation

agency counselor positions filled by returned veterans in the late 1940s was high.

Thus, the women went back to domestic shadow work -- and the current spate of fifties-nostalgia films shows what a thorough deprogramming job was done. The disabled workers went back to the secondary labor market, where a burgeoning sheltered workshop movement would be awaiting them. While one hand pulled and kept disabled workers out of the competitive labor market, the other hand built vocational rehabilitation as a sizeable peacetime industry.

**Role Stereotyping.** Role stereotyping has proved to be a highly effective way of proscribing the labor market. No one knows this better than disabled women who also happen to be members of ethnic, cultural, religious, or national-origin minority groups, or who meet agencies' or employers' criteria for being "old." Role stereotyping also serves to keep certain targeted groups in work roles that are considered undesirable by those who wish to occupy the prime labor market. Keeping women in needed, but boring, low paying labor may be as valuable as keeping them out of the good jobs. Role stereotyping also offers a comfortable alternative to members of restricted groups who prefer to avoid the stress of competition for prime labor market positions. The often-cited collusion of the "oppressed" may reflect this as much as genuine acceptance of the stereotype as accurately reflecting the natural order.

The mechanisms of role stereotyping are virtually the same regardless of the specific basis -- sex, race, nationality, bodily status, age -- or intent. Members of groups targeted for exclusion are persuaded, and society at large is convinced, that for them to play certain roles is "unnatural," "inappropriate," or "impossible." Little girls are taught to aspire to become nurses, not doctors; vocational rehabilitation clients must entertain only "feasible" (low cost, low risk) goals; black, disabled and female students are forgiven, not pushed, when mathematics and science concepts are difficult for them; and we are all prepared early to expect deterioration and yield our employment rights when we become old.

As if to ensure continuing acceptance of the stereotypes, numerous "secondary gains" are offered to those who will stay in role and perform convincingly. Most of them involve rewards for passive, compliant, dependent behavior on the parts of females, minorities, "the disabled," and "the aged." Aggressiveness is acceptable only when channeled through and on behalf of the power holder: to wit, the secretary or valet who protects the boss from unwelcomed intrusions, or the wife who becomes recognized as "the power behind the throne."

Once stereotyped roles and subservient behavior have been adopted and lived for a few generations, they become, socioculturally, the natural order, which only organized action can reverse. We are currently undergoing multiple anti-stereotype campaigns: and the civil rights movements for ethnic and related minorities, women, disabled people, and senior citizens all devolve upon economics and the allocation of jobs. More will be said about barriers to employment later. Here, it is only necessary to point out that cultural and personal histories or role restriction -- of whatever sort -- create inner barriers of fear and ignorance along with outer barriers of discrimination and neglect. If disabled women are to reduce their unemployment rate and secure jobs other

than those "traditionally female jobs with low salary and status" cited earlier, all such barriers must be addressed.

### **Employment, Careers, and Right Livelihoods**

In the present context, "employment" denotes paid work whereas "career" denotes a lifelong vocational path along which instances of employment occur. Although Webster's would allow us to subsume unpaid occupation of time and effort under "employment," we will here use such terms as "schooling," "volunteering," or other specific designations. These, too, may constitute instances or intervals along one's career path. Harry Grace, social psychologist, indicates that schooling at all levels should be considered important and legitimate phases of each person's career; and notes that "professional students" make schooling their primary or sole careers (personal communication). This implies that for certain individuals, lifelong schooling may be their right livelihoods, or the correct ways for them to achieve their goals of self actualization.

The term "right livelihood" is used ever more commonly by humanistic psychologists and others concerned with choosing life vocations that will advance one's total mind-body-spirit development. It is the essence of the practice of Karma Yoga; one seeks union with the Godhead through one's works. It is also fully consistent with the more familiar Calvinist protestant work ethic. Great emphasis is placed, in guidance activities, on **choosing the path with heart**; that is, the career path that will best facilitate self-actualization as personally defined. This, of course, further implies a need for considerable soul searching to define one's encompassing purpose in life.

Such concepts serve as an anchor at one end of a continuum. At the other end are such banal considerations as getting any job that will pay enough to keep one out of a custodial institution or relieve one's aging parents of economic support and attendant care responsibilities. For many, concerns about cosmic purposes are sublimely ridiculous in the face of practical survival needs.

No value alliances will be made here. The entire continuum will be accepted as legitimate, and credence given to the likely fact that disabled women can be found at all points along it. What seems important is that they, their personal support groups, and the professionals who help them with their employment and career choices recognize that the continuum exists and strive to identify their locations on it at times of choice. In this way, virtually all career decisions can potentially steer disabled women along the path with heart while simultaneously meeting their most basic survival, security, and potency needs.

**Career Choice Processes and Influences.** The earliest stage of the career choice process, for most of us, is observing what our parents do to earn money and/or occupy their time and efforts. Next come observations and information concerning the vocations of other family members, ancestors, neighbors, friends' parents, occupationally visible community people such as local shopkeepers, and occupational entities that are sufficiently dramatic to warrant portrayal in television series. Thus, family, community, and societal occupational traditions and propaganda influence our notions of which careers might be suitable and desirable personal choices.

Some careers result from tactical planning. Others appear to happen by chance. Most, probably, derive from comparable portions of happenstance and strategy. When conscious decision making is involved, the prime requisite for choosing a career is knowing that it exists. Second, one must believe that it is suitable for consideration and it must appear to meet personal capability, value, interest, and reward standards and needs. Thus, the career choice process involves occupational and job information, self assessment, and a matching between the two sets of data. Before expanding on each of these components, it should be noted that the concept of "man-job matching" fell into disrepute about twenty years ago, but only because it had been mechanistically applied and solely to task demand -- worker skill data. The concept is reemerging, along with appropriate computer technology, as a useful one when much broader databases -- including, for example, organizational climate factors on the job side and personal satisfiers on the worker side -- are used in the reckoning.

Disabled girls and women need access to the usual varieties of job and career information plus additional advice on handling the double disadvantage of being female workers with disabilities. They must know both themselves and the marketplace more intimately than most if costly (in terms of time and money) errors of vocational choice, training/other preparation, or misdirected job search are to be avoided. Table 1 summarizes one way of viewing the basic categories of information which disabled women need to consider.

### **SELF KNOWLEDGE**

- Worker Resources/Limitations (e.g., brawn, brain hand usage, personality, communication capacities)**
- Extent to which Functional Limitations are Vocationally Handicapping.**
- Personality Resources (e.g., emotional stability, interests, values, energy, assertiveness, attractiveness)**
- Enabling/Hindering Family and Community Factors**
- Financial Resources/Liabilities**
- Extent to which Strengths Match Demands in Favorable/Unfavorable Market Areas**

### **MARKETPLACE KNOWLEDGE**

- Favorable/Unfavorable Markets for Women (equal opportunity or affirmative action) in Careers, Jobs, Industries, Firms**
- Favorable/Unfavorable Markets for Disabled Workers (same areas)**
- Specific Incentives/Barriers in Targeted Alternative Work Areas**
- Costs of Job/Career Preparation**
- Extent to which Targeted Alternatives Demand Capability in Resource/Limitation Areas**
- Job Supply/Demand in Targeted Alternative Work Areas**
- Extent to which Other Women/Disabled Workers Have Succeeded in Targeted Alternative Job/Career Areas**



Two items included in the table require a few words of explanation. First, the listed worker-resource areas of brawn, brain, hand usage, personality, and communication were drawn from research conducted by the author (Vash and Murray, 1989) and developed into a predictive model for screening vocational rehabilitation referrals/applicants (Vash, 1981). Judging by the continuing frequency of requests for descriptions of the model, it appears to simplify the independent variable cosmos in a useful way.

Second, reference to attractiveness as an important work-related resource for women has been known to incite negative reactions. However, a sizeable volume of behavioral research produced during the 1970s supports consistently the hypothesis that physical attractiveness is positively related to vocational success for both men and women. Such findings have been of sufficiently general interest to appear in popular psychology magazine articles. Moreover, at least three studies known to the author have identified personal appearance as a frequent negative factor influencing hiring authorities against employing certain applicants (Tschirgi, 1972; Keyser, 1974; Clowers and Fraser, 1977). If this is the reality, then guidance professionals need to treat it explicitly. Maximizing this resource may be especially important for individuals whose attractiveness is impaired by disability-related disfigurements, deformities, and the "clutter" of assistive appliances (Vash, 1981).

**Job and Career Preparation.** In the vocational rehabilitation (VR) sector, job or career preparation is typically tripartite, wherein the client is taught how to get a job, how to do it, and how to keep it. The actual preparation process may reverse this order. "Work adjustment" is a frequently used early step in which the client learns to adopt work attitudes and habits that will prove essential to maintaining employment. Emphasis is placed upon interpersonal skills and the ability to conform to employers' behavioral expectations. It often takes place in work-oriented rehabilitation facilities (e.g., sheltered workshops), but mainstream work settings are coming to be used as well in what might be called a "workshop without walls movement." This part of the process is seldom used in the mainstream of job and career preparation; rather, it has developed in response to perceived needs among VR service providers working with disabled or socially disadvantaged clientele.

The most common and visible stage of preparation is training. Here, potential workers incorporate the required knowledge base and basal skill armamentarium they will need to perform satisfactorily in a given line of work. The training stage may be as brief and informal as half an hour of on-the-job instruction and orientation for a worker hired to complete a two-step assembly procedure; or as long and formalized as a nine-year college curriculum for a doctoral degree. In either case, when the training is completed, the individual is expected to have entry-level skills for a targeted job.

Job search coaching and intervention constitute the final preparatory stage, although greater credence is being given to the value of introducing placement-oriented activities early in the VR process. This enables such resources as good job interview skills to develop over an extended period of time, and therefore to be more fully incorporated into the individual's repertoire than crash training can allow.

The job and career preparation process can be viewed as one of resource development -- a period during which one builds both the inner and outer resources that (given) employment requires. Too, each of the three stages described relies on a unique set of internal and external resources. **Getting** a job may require such inner resources as poise coupled with verbal fluency, plus such outer resources as a relative who plays golf with the community's largest employer. **Doing** a job may require such inner resources as dexterity or quick reasoning ability or charismatic persuasiveness. It may also call for workers with disabilities to arrange for a remarkable array of outer resources known as "assistive devices" and "support systems."

**Assistive Devices and Support Systems.** A worker with a seriously handicapping disability may be fully capable of performing a job -- if she can only get there and on time. Thus, an early set of needs involves the personal support system and reliable transportation. Learning first how to optimize self care, and then how best to delegate tasks most sensibly done by others, may call for learning how to locate, hire, and supervise personal service providers (attendants, readers, drivers, notetakers, interpreters) and arrange for private or public transportation. Both are essential to completing job/career preparation and subsequently holding jobs. Flexible personnel policies and practices on the parts of employers constitute an ancillary support system which may be needed by those for whom a period of time on the job -- with opportunities to meet co-workers who are willing to trade support services, and to earn a few paychecks -- will permit them to solidify their support systems and relinquish temporary accommodations (e.g. flexible work schedules) that were needed.

In this early phase of employment, as in the later ones, the external resources needed are of two types; gadgets and other people. As a general principle, the more one can function independently with the help of gadgets (assistive devices, equipment/workside modifications) and the less one relies on regular/repeated help from other people, the more viable one's work life is apt to be. Two information resources exist, of which VR guidance professionals should be aware. The first is the **Rehabilitation Engineering Sourcebook**, a compendium of case examples illustrating assistive devices designed to facilitate the performance of work, training, homemaking, and other activities that are impeded by disabilities. The **Sourcebook** familiarizes readers with innovative solutions, many of which emanate from Rehabilitation Engineering Centers funded by the National Institute for Handicapped Research (NIHR) and are not yet available commercially (Institute for Information Studies, 1979a, 1980, 1981). The second is **Abledata**, a computerized database of comparable information to the mainstream of rehabilitation professionals, interested parties should make NIHR aware that this new project is valued and potential users are awaiting access to the information.

No gadgets exist to solve the work-related problems of women whose disabilities impact their mental abilities, whether intellectual or emotional. In these instances, people resources are essential, primarily, nonprejudicial attitudes, patience and willingness and ability to be flexible in establishing and following personnel policies/procedures and supervisory practices.

Once an individual is established in a job, additional support and assistance needs will emerge. A particularly female issue is taking care of toileting needs throughout the work day. A non-catheterized severely disabled female worker may develop a very legitimate case of penis envy. The author has been surprised over the years at the number of disabled women who have confided that they have pursued neither training nor work because the cannot figure out how to manage their toileting needs when away from their specifically equipped home environments. Urinary needs seldom pose significant problems for men. Solutions exist for women, however, if not gadgets, then other people. If other people, then guidance may need to focus on acceptance of disability-related limitations that some consider "embarrassing," and on interpersonal skill development so that workable arrangements can be made.

A final point on support systems to be made here relates to marital status. In the process of recruiting substantially disabled women who are successful in non-traditional careers for depiction in a career counseling firm, the author found a preponderance of candidates who were married and whose spouses were emotionally and materially supportive of their careers. The more severely disabled the successful woman, the more likely it appeared to be that she would be married. This observation, like an earlier one on the importance of attractiveness, can incite negative reactions. However, if having a partner is a contributing factor to high level success for severely disabled women, then it would seem only responsible to document and share that information. One might speculate that the types of risk-taking required for finding a marital partner and achieving career success simply "go together." However, it may be that given severe disability, a degree of interpersonal support seldom offered by anyone but a spouse in adulthood is a critically needed resource.

### Overview of Job and Career Options

This section will examine issues raised by traditional work options for women with disabilities, four generic areas termed nontraditional options, multiple-field career patterns for women, and employment market forces that influence choices, successes, satisfactions, and career trajectories.

**Traditional Work Areas.** The most traditional of all women's work areas -- homemaking -- is beginning to show that it needn't be sexist. Gradually increasing numbers of men are acknowledging willingness to remain at home to carry out child care duties while more work-oriented wives venture out to earn the family's living. This is not a new concept in VR circles. For decades, male clients have been rehabilitated as homemakers, freeing their spouses to become wage earners. It has not been regarded as a very respectable solution, however. That must await adoption of the concept within the mainstream.

Homemaking is not a feminine job in the sense of being light and clean. Consequently, many severely disabled women are incompetent as homemakers, yet resoundingly successful in out-of-home work that meets those criteria. Social sanctions for male homemaker/female wage earner lifestyle models -- especially for couples who long for but cannot attitudinally "legitimize" such ar-

rangements -- would seem worth striving for.

Although the prototypic women's work of homemaking is frequently dirty and heavy, out-of-home jobs deemed suitable for women less often are. The criteria for suitable women's jobs appear to be either mimicry of the nurturant/service roles of the housekeeper-mother, or light, clean, "feminine" work that can be performed in a pretty dress without looking bizarre. Nursing and domestic work exemplify the first criterion; social work and secretarial or library jobs illustrate the second; salesclerking and teaching combine the best and worst of both.

Of these traditional women's work areas, only secretarial jobs can be considered traditional for women with disabilities. To date, disabled individuals of both sexes have been barred from the other areas. Instead, different traditional work areas have emerged, either for disabled people generally, or for specific disability groups. In years past, rehabilitation workers joked about the "Bulova watch syndrome." That is, men whose walking ability was impaired, but whose manual and finger dexterity were average or better, had watch repair as a vocational option, whether they wanted it or not. (Women, then, were helped to resume homemaking responsibilities, whether they wanted to or not.) Often, the only alternative seemed to be unemployment. The Bulova watch company was not maligned for having fostered one of the earliest affirmative action programs for disabled workers; rather, rehabilitation professionals' mindless use of a single opportunity instead of generating comparable ones was disdained.

Today, computer programming has come to be a traditional occupation for blind people of either sex, and rehabilitation counseling is fast becoming an occupational ghetto for people with disabilities of all types. The advent of the consumer-operated independent living programs has added job-duty variety and a limited degree of upward mobility opportunity, but has not altered a basic message; most new work opportunities for disabled people can be characterized as jobs for "helping your own kind." As developed for ethnic minorities and women a decade earlier, most work opportunities for disabled individuals are found, not in the mainstream of jobs and career fields, but in the mini-ghettos of civil rights, equal employment opportunity, and affirmative action monitoring offices, or in "special services" programs for disabled students, clients, parishioners, citizens, or other constituency designations.

Numerous comparable programs for women also exist; however, it is rare to find disabled women peopling their employment ranks. Somehow, disability seems prepotent over femaleness in the selection process. If one is disabled, then disablement is expected to be one's area of concern and expertise, not the issues of women. Recently, consciousness raising efforts have led to conscientious attempts to ensure that one disabled woman will be among the members of women's advisory bodies.

**Nontraditional Work Areas.** Four broad areas of non-traditional work will be discussed here:

- professional, technical, managerial
- blue collar work, safety and outdoor occupations
- entrepreneurship
- the arts.

These areas tend to be nontraditional for women and for disabled people of either sex.



Women are moving into certain areas of professional, technical, or managerial work at an increasing pace. Several health professions other than nursing and social work have become predominantly women's fields: notably, occupational and physical therapy. Of the fields requiring doctoral-level training, the behaviorally-oriented ones such as psychology and speech pathology are opening to women more quickly than medicine. These professions carry much of the traditional women's nurturant/service role with little of the power allocated to physicians. Too, increasing numbers of women are entering the legal profession, or are becoming certified public accountants or research scientists in an expanding array of fields. At the same time, few women are appointed to judgeships, become comptrollers, or rise to upper and top management positions in work organizations. The field of engineering seems enigmatic. Efforts to encourage women to enter it are often reported to fail; yet, in other quarters, women report being discouraged from seeking admission to engineering school.

**Traditional sex-role conceptions appear to determine which nontraditional work areas will break down first, and they continue to bar women from positions of power. However, recent popularly reported statistics indicate that women are winning in the job market competition with black males. Generally, when a woman has the intellectual, motivational, and other essential resources to pursue professional, technical, or even managerial careers, guidance professionals and the public at large tend to say, "That's okay." Not so okay is a woman's preference for doing nontraditional jobs that are popularly conceived as placing moderate to heavy physical demands on the worker. (The public doesn't see the woman orthopedic surgeon at her sawing with blood on her surgical greens; it does see the woman gas station operator at her pumping with grease on her overalls.)**

Such sex-role stereotypes impose an even greater burden on women with disabilities than on nondisabled women. The reason: women with disabilities already have their ranges of vocational options curtailed by the handicapping effects of their disabilities. This natural barrier is barrier enough. When the artificial barrier of "occupational inappropriateness" is combined with it, the available options diminish quickly. Women with mental disabilities are most hard hit of all. What if a disabled woman lacks the intellectual, motivational, or other critical resources for succeeding in a professional, technical, or managerial career? What if her disability is intellectual and her best worker resource is her "brown?" What if her disability is emotional and her best chances for success lie in outdoor, physical work requiring minimal interpersonal contacts? The chances are, these options will be ignored by guidance professionals who will, instead, try to prepare her to function in a clean, indoor, boring, factory assembly job entailing continuous (abrasive) contact with equally unfulfilled workers.

Few of the world's business owners or artists are women, and a miniscule proportion have disabilities. The reasons may be similar. Women and disabled people of either sex tend to be "protected" by attitudinal/behavioral biases against embarking on careers that rely on competitive talent rather than sanctioned credentials and, therefore, entail high risks for failure. The shunning of talent (as opposed to credential) occupations is particularly strong in VR agencies. The reasons

here are very clear. First, when public monies are used to prepare individuals for their vocations, both service providers and agency administrators are loath to subject themselves to taxpayer scrutiny if/when a high-risk plan fails. Second, such plans are expected to fail. People who select the safer way of credential occupations for themselves (as guidance professionals do) have a great deal of difficulty imagining that someone else could succeed in an independent business venture or an artistic career. Third, the effect is magnified by the fact that guidance professionals have often been programmed to view their disabled clients as less capable of independent, competitive action than themselves or people in general. Finally, because the entrepreneurial and artistic areas have been generally shunned, agency personnel have limited experience and impoverished practices to follow when clients who are suited for such careers come along. For example, methods for obtaining qualified appraisals of portfolios are lacking, as are skills for helping clients develop business loan packages. The end result, often, is overlooking two large, significant realms of vocational opportunity for disabled women.

According to Thelma Schmones (personnel communication), for RSA, the National Endowment for the Arts is fostering the development of arts careers among VR clients through a program in which clients with artistic talents are encouraged to combine planning for their development with planning for practical survival careers in their Individualized Written Rehabilitation Plans (IWRP's).

Similarly, Elizabeth Pan (Pan, undated) has formulated an approach designated as "Industry Partnerships to Promote Entrepreneurship Among Disabled People." She points out that entrepreneurship offers possibilities for working without the jeopardy to benefits that employment entails. The reason is that (disabled) entrepreneurs can legally separate personal income from business income. If/when the business succeeds, the tax-subsidized benefits can be supplanted legitimately by the business income. The essence of her proposal is that the industry partnership model would address three primary causes of small business failure: 1) insufficient capitalization, 2) lack of business and technical know-how, and 3) lack of ability to reach the marketplace. According to Pan,

**The industry partner would sign a contract to purchase services or products from a disabled entrepreneur (thereby ensuring a market); pay a portion of the contract in advance (thereby providing capital); and provide both technical and management advice (p. 2)**

Industry partners with government contracts could thereby meet their obligations to contract 10% to small business, particularly those which are owned and operated by minorities/women/other disadvantaged individuals. Also, by subcontracting with a disabled entrepreneur, industry partners can avoid accommodation costs that would have to be borne if the disabled person were hired as an employee. Finally, she points out that the economic advantages of subcontracting can be clearly demonstrated. Unlike the situation in which the Small Business Administration provides similar supports, both entrepreneur and industry partner have an on-going mutual vested interest in the success of the business.

**Multiple-Field Career Patterns.** The most typical



multiple-field career pattern for women is a homemaking career first, followed by reestablishment in an out-of-home field. The need for transition may arise from having completed the job of child rearing and finding ennui. It may arise also from marital termination, whether by choice or spousal abandonment. Because disablement is often followed by divorce or separation, many disabled women must search for replacement careers. The transition from in-home "shelter" to the hurley burley of the world of work outside is a notoriously difficult one. The presence of a disability, especially a newly acquired one, makes it even more difficult.

With growing acceptance of Toffler's (1980) concept of the "electronic cottage," the second career may be in-home. The disparity between the ease of moving information to people versus moving bodies to centralized work locations is nowhere more evident than when the workers have mobility-handicapping disabilities. At present, the primary opportunities for lucrative home-based work exist primarily within the information industry, mail order business, and the arts. These may be worth investigating for women who would like to combine homemaking with other careers. Disabled women who have limited physical energy may find it possible to manage such dual careers simply by eliminating the time and stress entailed in commuting to work and arranging for two accessible environments. Naturally, however, home-based options will have little appeal to disabled women who are motivated to get out in the world and meet social/interpersonal needs as well as vocational ones.

**What's Out There: Marketplace Considerations:** The balance between incentives and disincentives for disabled women in today's job market is hard to access. The barriers affecting women and disabled workers can combine formidably. At the same time, the opportunities resulting from affirmative action thrusts for both groups also combine for enhanced facilitation. It has been noted also that disability may serve to "neutralize" some of the typical reactions to women in leadership positions, weakening tendencies to resent or resist female bosses. Three particularly salient issues to be discussed below relate to solutions that sometimes become problems.

Work disincentives inherent in the Supplemental Security Income (SSI) law and regulations are the most familiar example. Monroe Berkowitz analyzed the genesis and effects of these disincentives (Institute for Information Studies, 1979b) prior to 1980 legislation designed to somewhat reduce them. No comparable analysis has yet been made of the resulting changes, but recipients indicate that disincentives continue to exist. Many severely disabled individuals consider the risks associated with relinquishing SSI and the linked Medicaid coverage too high. As a result, they may decline jobs paying \$20,000 per year because to accept them could result in actual reduction of income when medical expense liability is entered into the equation. When the welfare income is minimal for survival, as is often the case, reduction is not viewed as tolerable. Consequently, innumerable severely disabled women and men who are capable of earning salaries exceeding the national average are economically discouraged from doing so.

Well-intended legislations and regulations may have created other obstacles for disabled women and men in the labor market. Many observers believe that legislative mandates to provide "reasonable accommodation" in

employment and "accessible" transportation -- without appropriating funds to help affected employers and transit authorities follow through -- many have triggered a backlash of resistance that may harm disabled citizens rather than help.

Affirmative action problems to recruit and promote all "protected" worker groups have succeeded in some locations, failed in others. Among the problems cited are: tokenism, discrimination against non-protected applicants, selection of meagerly qualified applicants, and promotions exceeding competency levels. The validity of such charges is hard to determine. Partisans on both sides may argue from preconceived beliefs rather than empirical evidence. It seems important here only to acknowledge that hiring and promotional decisions based significantly on factors other than job related knowledge and skills could lead to the kinds of problems mentioned.

### Overview of the Current Service System

The service system for helping disabled women meet their employment needs is comprised of four major sectors: education, vocational rehabilitation, other rehabilitative/social services, and the family-community network. The first three tend to be formal; the last, informal. To the limited extent that mainstream employment services participate, they are here subsumed under vocational rehabilitation.

In education, philosophy has moved from no education, through segregated "special" education, to equal education in the least restrictive environment, where educating disabled students is concerned. Practice spans the full range. "Mainstreaming" legislation is both blessed and cursed, but backlash is evident and repeal is threatened. On the matter of educating women, both philosophy and practice oscillate between blatant and subtle sexism with occasional excursions into unequivocal sex equity. Career guidance within the education system is, with rare exceptions, non-existent to minimal for all students. When budgets are cut, it is among the first functions to go. As indicated earlier, sex and disability stereotyping continue to permeate much of what is offered.

Vocational rehabilitation is explicitly directed toward helping disabled people reach employment goals. Susanne Davis and Carole Springer, of the California State Department of Rehabilitation, have made available the findings of a recent comparative analysis (Chanin, 1981) of rehabilitation planning for male versus female clients. The data reported show that women clients are closed in employed status in a considerably more limited range of occupations than is true of men clients. Also, they are more frequently closed in occupational categories associated with low pay and few opportunities for advancement.

At the national level, selected program-related characteristics of men and women VR clients were reported for fiscal year 1976 (Rehabilitation Services Administration, 1978). The following were among the more striking differences found.

- 30% of the rehabilitated women were closed in non-wage-earning capacities ("homemakers" or "unpaid family workers") compared to only 4% of the men.
- 12% of the rehabilitated women entered industrial occupations compared to 46% of the men.

- The mean weekly earnings at rehabilitation closure were \$63 for women and \$112 for men.

It seems reasonable to hypothesize that one contributing cause of such outcome disparities may be the dearth of women in policy-making and leadership positions in the VR agencies.

Benefiting clients of both sexes, the past decade has seen three of the most substantial advances to come about in the history of VR technology. The first is the application of rehabilitation engineering technology to the solution of job performance problems. The second is the application of mutual help techniques (i.e., job clubs) to the job search and procurement processes. The third is the application of computer technology to all phases of rehabilitation planning and goal implementation, bringing a vastly increased range of occupational and job/labor market data into the useable reach of rehabilitation counselors and disabled job/career seekers.

Other rehabilitative and social services also play roles in helping disabled women meet their employment needs. For example, many rehabilitation hospitals have pre-vocational programs; and a large, two-part private sector exists. The (mainly nonprofit) work-oriented rehabilitation facilities generally operate in partnership with the state VR agencies. The (mainly for profit) firms focused on industrial injury rehabilitation compete with the public sector for clients. This independently functioning private sector is new, but already it appears to be contributing to an improved willingness among rehabilitation counselors to engage skillfully in job placement.

Although the equally new consumer-operated independent living programs (ILPs) came about in response to ancillary supports needed by VR clients, many offer vocational guidance and job placement services as well. Admitting this duplicates the mission of the state VR agencies, most ILP administrators insist they must continue because of the heavy demands placed on them for this type of service. Interestingly, women are very well represented among the top administrators of ILPs.

Perhaps the most notable change affecting the informal, family-community network is a fulminating recognition of its potential if properly nurtured. Books and articles on "family management of disability" (e.g., Institute for Information Studies, 1980) are geared toward a) helping family members cope with their own forms of loss, b) helping them use existing community resources, and c) helping them maximize their potential as rehabilitation team members. Specific approaches will be cited in the following section on "Avenues to Progress."

### Avenues to Progress

Having briefly reviewed the past and present, what forms of future action are needed to improve the employment success and satisfaction of women with disabilities? This final section will cite a number of promising leads and directions currently in place or in progress and will suggest others which might be considered.

**Resource Building.** It seems clear that the inner and outer resources of disabled women need comparable degrees of attention. Developing inner confidence and widening one's occupational vistas will not help much if needed external supports -- adaptive equipment, personal service providers -- and equal employment opportunities

are not available. Conversely, an enriched environment cannot solve the problems of a disabled woman who is convinced she can't (or shouldn't) succeed. In practice, the two types of resource development generally occur together and are mutually reinforcing: increasing competencies elicit increasing support; increasing supports elicit increasing competencies.

The three areas previously cited as having revolutionary potential in VR -- the application of rehabilitation engineering, mutual help, and computer technologies to serving employment needs of disabled workers -- rank high among the areas worthy of future development. Each application is in its infancy, and each is worthy of expansion, refinement, and tailoring to the specific needs of women clients. It is also to be hoped that the public-private sector competition, and the existence of a private VR job market for placement-skilled counselors, will continue to spark state-of-the-art development in the job placement area. In addition, specific programming is needed to help women with disabilities choose and succeed in the careers which will bring them the most personal satisfaction and through which they can make their best contributions.

This is, in essence, a call for consciousness raising or, perhaps more accurately, consciousness expansion. It may not be a loftier view but it is a broader one. Since "consciousness raising (CR)" is the most familiar term, it will be used to denote the genre of programs to be discussed next.

Speakers' programs are among the oldest CR devices, and significant efforts are being made to bring women in nontraditional careers before high school women, to inform them and raise their consciousness with respect to scientific and technical careers in particular. The author participated in one such program, through which several classrooms of nondisabled girls learned that a severely disabled woman could function in a science/administrative career. However, no visibly disabled students were present in any of the schools visited. The "visiting woman scientist" model seems a good one. It bears replicating in groups attended by high school women with disabilities and using more than one speaker with a disability.

Film appears to be a particularly good medium for CR efforts. On the negative side, many suspect the cinema of inducing false ideals in young and old. On the positive side, the power of film and hearing the message -- can be harnessed to depict more wholesome possibilities to emulate than the entertainment industry offers. The author is currently involved in one such effort, the production of a career counseling film titled "The Dream's Not Enough" (subtitles "Profiles of Successful Disabled Women in Nontraditional Careers") and two accompanying resource booklets for students/clients and teachers/counselors/parents. The efficacy of this specific approach is only beginning to be tested. The project is among the earliest to be funded by the Women's Educational Equity Act Program in the U.S. Department of Education targeted toward disabled women as a minority women's group. The general approach seems worthy of emulation.

Experience in this project has led to a conclusion that it is not only important to offer disabled women successful role models to learn from and, perhaps, be inspired by actual mentor relationships may be even more helpful. A



"mentor" is here defined as a role model with whom one has a personal relationship of an instructional and nurturing character. The VR service component of the Institute of Information Studies in Falls Church, Virginia, is currently developing a program to match disabled proteges with such mentors, using methods similar to those of Big Brothers/Big Sisters of America. In this case, however, occupational role model capabilities are prime requisites for screening, selecting, and matching mentors with proteges. Initial mentor recruitment efforts indicate that many successfully established disabled women will enthusiastically participate as mentors on a voluntary basis.

Similar willingness has been found by the American Association for the Advancement of Science's program of Opportunities for the Handicapped in Science, according to program director, Dr. Martha Redden (personal communication). That program has established a directory of over 500 disabled scientists who are willing to be contacted by disabled career seekers and guidance professionals for information and advisement. Many of those listed are women, albeit their representation is heavier in the social and life sciences than in the physical sciences, technical applications, and mathematics.

Numerous programs have been designed to encourage members of ethnic minority groups and women to enter specific, targeted occupations because their inputs are needed to improve the relevance of the field's outputs to all consumers. For example, the National Institute of Education is actively promoting the recruitment of educational researchers who are women and who belong to ethnic minority groups. They hope to correct conceptual biases arising from years of majority male domination of that field. Similarly, the inputs of women (and men) who are members of the disabled minority are needed in order to increase the relevance of many fields' outputs to all consumers. An obvious illustration is offered by rehabilitation engineering. Exquisite solutions to non-problems have been one result of the dearth of people in this field who daily experience actual needs for assistive devices. The inputs of workers who can envision disability-related needs in the design and production/delivery of virtually all products and services are equally essential. If there had been even one paraplegic bus designer back in the 1930s, we might not be fighting the public transportation problems that face us today.

Only isolated and sporadic efforts are known to the author to help disabled women move into blue collar careers. A few state VR agency counselors report conscientious efforts to help motivated women clients enter male-dominated trades, often against supervisory resistance. One rehabilitation hospital experimented briefly with using the facility's maintenance and transportation departments as training sites for female vocational service clients interested in carpentry, painting, and automotive repair. The program died aborning, due to resistance from both counselors and male workers in the targeted departments. A workshop located on the Navajo reservation is currently seeking support for a program to train disabled Navajo women in furniture-making and automotive repair. Overall, helping disabled women break into blue collar work appears to be an area where suitable programming efforts should be concentrated. Moreover, strong advocacy may be needed to

weaken the resistances against allowing people seen as doubly helpless and dependent -- because they are female and disabled -- into "macho" fields.

**Research.** Any state VR agency not already doing so might well be encouraged to do as the California agency has done, investigate its own track record with respect to sex equity in staffing patterns and client service patterns and outcomes. Whereas California's findings may not reflect an ideal situation, the agency is to be congratulated for paying attention to the issues and reporting their findings. Similarly, statistics comparable to those reported by the Rehabilitation Services Administration for FY 1976 would be most helpful in assessing progress toward sex equity in the provision of VR services nationally.

Research efforts directed toward increasing the accuracy of job forecasting, in these days of rapidly obsolescing jobs and fast emerging new work functions, would be of great benefit to VR clients of both sexes. Disabled career seekers have usually lost too much time already to well afford additional time loss due to poor career choices based on faulty/absent job futures information. Programmatic efforts to maximize the utilization of the job forecast information generated will then be needed.

**Political Activism.** Women's groups and disabled consumer groups regularly attempt to influence service agencies, legislators, and the mass media to create and present programs, laws, and public images that will benefit, not harm, them. Occasionally, their interests come together and they join forces (e.g., in efforts to reduce veterans' credits in pre-employment ranking). The issue resolved, they tend to go their separate ways again. Disabled women could probably make faster employment and other gains if they worked through both groups. An increasing number of women's commissions are becoming aware that they need disability representation, but there is no reason why any commission should have only one disabled member.

Moreover, there is no reason for disabled women to limit their commission memberships to disability and women's issues. Without impugning the value of either, the time seems right to get out of the disability/women's ghettos and into mainline public concerns such as transportation, public utilities, public health, and police affairs. The relation to employment is reciprocal. To be sure, women who are already career experts in these fields will have better chances of being selected. However, all such commissions have members who are not experts, but who are informed, intelligent, concerned citizens. Half of these members should be women, and why not women who have disabilities? As more women serve on these oversight commissions, the less peculiar it will seem to have women among the overseen working ranks. It is a simple matter of political infiltration; and disabled women who are members of disability commissions, and thus have the attention of some appointing power, could be among the pioneers who begin to move both women's and disabled people's concerns out of the realm of "talking to ourselves" and into the mainstream of public policy decision-making. □



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## Excerpts of Reviews and Comments

*The following are excerpts of reviews, comments and questions raised by the Switzer participants. These are presented to further stimulate thinking as well as action as it relates to the content of the chapter by Carolyn L. Vash.*

Data quoted by the author concerning the greater negative effects of disability on the employment of women as compared to men, strongly recommends that research be undertaken to determine the underlying reasons for the disparity and how it might be reduced. In the process, disabled men as well as disabled women will benefit as shared employment barriers are analyzed and ways and means to overcome them advanced. Any research undertaken would preferably be longitudinal to provide ample opportunity to cover the numerous and varying changing aspects and issues that comprise the employment situations of disabled women.

A reference is made to personal attractiveness as an asset in employment of disabled people. In disabled women this can be doubly so in the universal appreciation of attractiveness in women. Vocational rehabilitation counselors and other service workers involved have an especially sensitive role in assisting disabled women to project an optimum personal image that includes besides appearance, acceptable social behavior. Professional training should emphasize counselor responsibility in preparing disabled women for the most favorable employment outcome possible through cultivation of personal habits and attitudes that relate positively to their employment.

The point the author makes on the need for disabled women to participate in mainline public concerns may be well taken. In the long upward climb of disabled people, retreat to their own kind in problem resolving became an established custom. They are now beginning to see that in order for the needs of disabled people to be heard, they must take an active part in public policy decision-making. Women have traditionally been active in policy-making concerning social issues. Greater community consciousness of disability now makes it feasible, practical and necessary that disabled women take a stand, also.

--Edna P. Adler

It is recommended that the under-utilization of rehabilitation centers for the blind be examined. These centers which provide comprehensive programs offer personal adjustment training, work evaluation, vocational training and college preparatory courses and help the

trainee make the social and psychological adjustment to her handicap. Those in the field of vocational rehabilitation should insist that agencies and facilities and schools which provide direct services to clients become accredited by the proper accrediting agencies in order to upgrade the quality of services rendered. They should also insist on appropriate certification and maintenance of certification for rehabilitation workers. Many problems relative to appropriate placement and success on the job could be worked out between the center staff and the vocational rehabilitation counselor.

--Billie P. Elder

Among practitioners in the field, gainful employment, either, sheltered or competitive, has long been accepted as a realistic goal for the preponderance of disabled women. Yet, despite the many corroborations of this fact, current data demonstrate that negative attitudes continue to persist concerning the employment potential and capabilities of ethnic minority disabled persons. There is a definite need for enforcement of equal rights for the handicapped population by the U.S. Office of Civil Rights.

--Yetta W. Galiber

The vast majority of women rehabilitated through vocational rehabilitation agencies become employed in service occupations. They are usually marginal, low-paying jobs with little or no chance for upward mobility. One explanation for this is, of course, sexual discrimination, which presents substantial implications for staff training. Another explanation which should not be overlooked is the selection process by which individuals become clients of Vocational Rehabilitation (VR). Over the years, VR agencies have served disabled persons, a substantial proportion of whom would have difficulty surviving in the labor market even if they had no physical or mental disability.

This raises two issues: 1) the need for examination of the VR agencies' screening procedures and service delivery; and 2) a clear understanding of how the non-VR agency disabled women prepare for and enter the labor market. Thus, what mechanisms and systems these

women utilize for assistance, support and guidance. Since the majority of disabled women are not served by the formal structures, how can they be located, mobilized and assisted short of a major overhauling of the nation's support systems, e.g., education, medicine, etc.

--Elizabeth Minton

Career choices are no longer limited to family experiences. Media accessibility enlarged the world for disabled as well as for all individuals with limited personal experiences. Assuming the position of one person-one job, generalized vocational information searching is only the first step, particularly for those who have never been employed. Occupational experiences including work-study, part-time, volunteer activities can begin to personalize understanding. These opportunities should be attempted prior to the determination of a vocational goal. The Education of Handicapped Children's Act should provide an opportunity for greater exposure to occupational choices as well.

Forecasters and futurists confirm the growth towards service occupations and computer technology, many aspects of which will appeal to the disabled -- to say nothing of the environmental controls that will make both personal and business lives more attainable and satisfying. Social scientists and other specialists should be called upon to provide such insights so that better planning can be made by legislators, administrators, professionals and the disabled themselves. These plans should include all aspects of life, not just employment.

--Thelma Schmones

With no apologies for singing steadily on one note only, I'm compelled to repeat the need to face a dilemma which appears in all four papers I have read thus far, i.e., how we handle the matter of the woman disabled by mental illness. This is a major point and merits discussion at the seminar.

--Miriam Stubbs

Research needs to be conducted to show the existing

patterns of unemployment for women in general and specifically for those who are also disabled and who belong to a racial or religious minority (doubled or tripled discrimination). Comparative data including information about able-bodied men and disabled men belonging to different minorities is necessary to study the many barriers that preclude women from equal opportunities for employment. Regarding the issue of employment opportunities for disabled women versus women in general, one disabled woman put it this way: "Non-disabled women are concerned about being treated as sex objects. This limits the job opportunities open to them. But disabled women are looked upon as being asexual. Consequently, they are denied even the employment reserved for women." (p. 20), *Disabled USA*, Vol. 4, No. 8, 1981.

--Denise G. Tate

A recommendation I would like to discuss is addressing a critical review of the curriculum in schools of rehabilitation counseling. If indeed statistics tell us disabled women are "choosing the path with their hearts", perhaps we need to assist in a serious soul searching to define one's encompassing purpose in life.

I am particularly interested in that portion of the paper addressing references to attractiveness as an important work-related resource for women who have been known to incite negative reaction. If employers are turned off by disability, disfigurement, deformities and visual "clutter" of assistive appliances, then we must be able to address those issues by a public relations program geared to looking at the abilities and qualifications of the individual. At the same time more help might be given to the disabled woman in making herself as attractive as possible.

I was pleased to see discussion given to assistive devices and support systems. I feel we need to strongly recommend support for legislation providing "reasonable accommodations" such as readers, notetakers, and interpreters. Public transportation is another crucial issue needing some emphasis.

--Evelyn R. Villines

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## Summary of Recommendations

*The following is a summary of the recommendations and implications for action developed by the Seminar participants as they related to the topic of the first chapter. (The recorder was Bernice Sherman)*

### General Statement

The employment outlook for the disabled woman is bleak. To overcome the negative effects of disability on the employment of women, disabled women must become more actively involved in decisions that can affect their integration into society. It is vital that the rehabilitation professionals become advocates for furthering the issues raised at the Sixth Mary E. Switzer Seminar to help disabled women achieve their maximum potential.

1. **Service Delivery.** There is concern that many disabled women are placed into stereotyped jobs because of the training they receive, because they have no idea of what jobs may be available in their community, or they don't know what they might be able to do best.

A. Rehabilitation workers, as well as educators, must

be concerned about the quality of the education of the disabled. Pre-evaluation tests administered before women enter the system have to be developed; these will help to eliminate inappropriate and stereotyped thinking of educators that is now reflected in the development of the Individualized Educational Plan (I.E.P.). For example, a blind preschool child in the process of evaluation was asked to identify a blue balloon. Improved instruments that will give reliable results may well affect all individuals coming into the educational system.

B. The development of career related education can begin as early as the first year of school; occupational concepts and interests from childhood on broaden horizons for the disabled. "Career Days"



are common practice in education for non-handicapped students. The disabled need access to these and a wider range of expertise, information and contacts to identify areas of strength and interest. They should be directed to seek experiences and contact with role models who can best help them develop their interests and life styles.

Schools can use a variety of resources and expertise from the community and can involve the following:

**Role Models:** Contact service organizations, parents, consumer groups. A motivational program exposing students to disabled and other adults with successful careers can also contribute to the knowledge of services to enhance career development.

**Business and Industry:** (Governmental as well as private). Field visits can be scheduled, to see and experience the real world; to further develop an understanding of **Job Requirements** and **Job Market**, and identify the fields that may be relevant to themselves.

**The Family:** Families should be actively involved in the educational and career planning with their children. They represent the most significant support system for family members searching for the best, and the best possible choices for them.

- C. For disabled women living in rural areas who do not have the means to avail themselves to remote community services, mobile units can provide the following:

- a. Evaluation
- b. Counseling that can include living and coping skills, family planning.
- c. Wheel chair and appliance repair.
- d. Medical services, e.g., gynecological, diagnostic, etc.

In addition, services of extension services and outreach programs of state colleges and rural women's service clubs should be used.

## 2. Policy or Program Development

### Policy

Significant population groups that are often screened out from acceptance into the service delivery system are disabled, female, ethnic minority and aged. Why are they considered less feasible? Today, individuals are being encouraged to consider early and/or later retirement. Also, many families need second incomes to survive in our society. Women over age 50, have a potential for 20 years of employment. Assuming the influence of these factors, it is recommended that the employment potential of this population be recognized and that policies and procedures be developed to ensure their acceptance into services of VR agencies and other education training and employment opportunities.

### Program Development

- A. It is recommended that underutilization of rehabilitation centers for the blind be examined. These centers often provide comprehensive programs that offer personal adjustment training, work evaluation, vocational training and college preparatory courses and help the trainee make the social and psychological adjustments to one's disability.
- B. Rehabilitation professionals and lay leaders

should insist that agencies, facilities and schools which provide direct services to clients become accredited by the proper accrediting agencies to upgrade and sustain the quality of services.

- C. As funding for rehabilitation programs shrink, the possibility of teaching via radio or cable TV should be explored and developed. Teaching and counseling services can be conducted by qualified personnel to provide home intervention. Continued monitoring of media interpretation of disability and stereotyping of disabled women is vital.

- D. Women have developed networks across the country with groups representing specific occupations (lawyers, bankers, media), as well as general groups (Republicans, Democrats). These networks are often used for job hunting, as well as information dissemination. It is recommended that disabled women interested in a specific career develop a program to tie into these networks. They should ask about material related to disabled women, call them, write to them, bombard them with questions. The Institute for Information Studies, in Falls Church, Virginia, is preparing a Resource Guide for Disabled Women. This guide should be available to all counselors working with disabled women to encourage disabled women to act on her own behalf. Materials from other countries should be routinely examined to take advantage of others experiences.

## 3. Training of Staff and the General Public:

1. It is strongly suggested that preservice training for individuals entering the rehabilitation professions and inservice and staff development for those already working be developed to include:

- A. Independent living concepts.
- B. Non-sexist counseling, should also include "non-handicapist" counseling directed toward healthy attitudes about disability. Rehabilitation counselors, parents, guidance counselors all will benefit from such training and it will assist the disabled woman to become more assertive in her own behalf.
- C. An introduction to the availability and technological solutions to job performance problems, as well as the use of community resources which the severely disabled woman needs to enhance employment opportunities.
- D. An introduction to women's support systems and how networking can help the disabled woman.
- E. Universities should seek ways to make better use of individuals in their community who can serve as motivational models for the disabled woman.
- F. Over zealous counselors often send candidates who are insufficiently trained or motivated to employment, thereby almost assuring failure. Skills training must be accompanied by the development of interpersonal skills, grooming, and the social components necessary for successful placement. People in career preparation, preservice training and inservice training on the job, need reinforcement by these techniques and constructive supervision by instructors and supervisors.



2. **The General Public** -- The media, unions, and employers also need training.

- A. Training is essential in new technologies, particularly in the telecommunications field. This may permit the severely disabled woman to work at home.
- B. Education is needed in flex time, job sharing/part time jobs for those disabled women who require adjustable hours because of limited physical capacities and/or home responsibilities.

3. A sensitization training program for employers on equipment modification for disabled women is needed. Similar efforts through union leadership programs would be productive.

4. Education to employers that companies can invest more in rehabilitation as sound economic policy is also a possibility. It is more cost-effective to employ a disabled person than to have a disabled individual be supported by tax dollars or company pension and compensation programs.

#### **Research**

1. It is suggested that demonstration projects rather than pure research can provide the development of demographic data usually gathered in research projects.

- A. A role model mentor program demonstrating the use of Big Brothers -- Big Sisters, who are career seekers.
- B. Develop and validate a multi-media film aimed at the success of disabled women in nontraditional blue collar jobs, entrepreneurship and the arts. The film can be disseminated throughout the country and used as a counseling tool to motivate individuals to seek non-stereotyped careers.

2. In the field of blindness, more resources should be devoted to learning through modalities other than sight. It is suggested that there is a need to explore kinesthetic learning. Such research may prove valuable to other disabilities as well.

#### **Legislation: Federal, State and Local**

- A. Disincentives continue to play a major role in rehabilitation for both men and women. There is some positive consideration in the recent amendments to the Social Security Act, which permits maintenance of medical benefits for three years following employment. This should be further amended to assure lifetime medical coverage for all severely disabled people. The Congress is currently considering these and other proposals (April, 1982).
- B. There is continued need for legislation for transportation to enable the severely disabled to get to his/her program or employment. Without laws and regulations, very little can be expected to happen.
- C. Emergency monies need to be allocated for those individuals whose special equipment breaks down or when persons taking care of their personal needs cannot be available. Many disabled lose time from work, because they do not have the funds to make alternative emergency plans, or to sustain them during periods of crisis. This creates financial difficulties for the disabled and results in a loss of tax dollars they would otherwise be generating as employed persons.

4. It is suggested that the federal government take the lead in a demonstration project for the further development and marketing of rehabilitation engineering devices. Often devices are developed that cannot be tested sufficiently because of the cost or lack of initial funds. The government can provide public monies or encourage private incentives through tax benefits until the market is sufficient for the device to be profit-making.

5. Among practitioners in the field, gainful employment, either sheltered or competitive, has long been accepted as a realistic goal for most disabled women. Despite the many corroborations of this fact, current data demonstrate that negative attitudes and cultural lag continue to persist concerning the employment potential and capabilities of ethnic and minority disabled persons. There is a definite need for enforcement of equal rights for disabled persons through the Department of Justice and the Attorney General's Office.

6. Other areas not categorized above include the Disabled Women's Task Force of the National Rehabilitation Association (NRA) which notes that many disabled women are tied to their own disability group. They are not aware of the woman's movement and the resources available to them through other groups. It is suggested that disabled women **must** become members of other groups to help themselves become aware of the fact that "disabled" is not relevant -- **woman is!**

Disabled women and others advocating improved opportunities for employment of disabled women should take responsibility for educating candidates for public office about the problems, programs and potential solutions that involve public policy and action. Groups such as the Republican, Democratic and other parties; Common Cause, the League of Women Voters and the League of Disabled Voters can be more effectively used as vehicles for bringing these issues to the attention of candidates for community, state and national office. Such activity would complement the advocacy efforts of consumer groups in the special community of disabled people.

## **Chapter Two**

### **By Martha M. Carrick and Tamara Bibb**

# **Disabled Women and Access To Benefits and Services**

Any attempt to look at disabled women and their access to benefits and services must begin with a short review relating to benefits and services to all women. Historically, legislation, both state and federal, has taken a "protective role" for the female within the society, i.e. aid to families with dependent children (primarily focused on female heads of family); the allowance, for non-employed women to have a share of their husband's social security; maternal and child health programs; the protective laws regulating minimum wage, maximum hours and other standards of work concerned with promoting the health and safety of and for women. Higher education accessible to women was selective both in institutions as well as professions available for women.

Major focus throughout the "women's movement", beginning in the 1960's, have only recently begun to have an effect on the availability of expanded benefits, education, employment and social systems to all women. The increasing numbers of females in the work force does not reflect an increase in the salaries and/or status of women in the market place. The changes within the total society (i.e., the increased numbers of female heads of family, as well as the need for women to work) that impact on females have not been reflected in the expansion of benefits and services to women for increased independence, either financially or socially. The majority of women are in clerical and service work, retail sales, teaching and nursing. While numbers of women have increased within the labor force, the increases remain in the restricted fields noted above that also exhibit lower pay scales.

If we relate to women with disabilities, the track record is even more abysmal. Employment alone is skewed

against women with disabilities. Based on Social Security Administration surveys of the handicapped population in 1972, Levitan and Taggart<sup>1</sup> found that "the national employment rate for able bodied adults was 95% for men, 54% for women while the employment rate for handicapped adults was one third lower, 60% for men; 29% for women. The rate for severely disabled adults was much less with 21% for men and 9% for women.

Cursory reviews of the recent publication "Educators with Disabilities: A Resource Guide"<sup>2</sup> also yields interesting data. Of the disabled who responded to this publication whose "most recent position" denotes an educational field (approximately 621) over 44% were in the college/university institutions and of those approximately 277 individuals, about 25% were disabled females. While this probably is reflective of the national college male/female ratio, it supports the fact that to be female is a disadvantage, but to be female and disabled is truly a double disadvantage.

An extension of the above publication relating to the educational field, but reflecting membership in the National Council of Rehabilitation Education (CORE)<sup>3</sup> reveals even more discouraging data: (1) of the 479 members cited, 108 (22%) were female; (2) of the 77 program coordinators, 6 (07%) were female, and of the 39 states represented with Rehabilitation Counselor Education Programs, 11 (28%) had no female faculty noted in this directory. Even in the unlikely possibility that 50% of the women members of CORE are disabled, it is apparent that the particular problems of women with disabilities will not be addressed in the education of future rehabilitation counselors.

In order that this article have meaning beyond a singular interpretation and to insure that it not be just a professional's summary, it was decided to contact those women with disabilities who in the real sense of the word, "had made it." This included professionals and housewives whose access or non-access to services made their accomplishments either easier or more frustrating. It was felt that the retrospective look would provide a greater objectivity as to the "gaps" so that the recommendations might well enable the next generation of women with disabilities a greater opportunity to have easier access to services and benefits. This paper relates generally to medical, education, employment and social concerns. There is no one area more important than another, and the failure in one area obviously has impact on the others. There was also a deliberate attempt not to highlight the obvious, i.e., transportation, housing, and many aspects of medical care, but rather to ferret out those areas that appeared to have greater significance for females with disabilities, that by their inavailability, either isolate or discriminate against the disabled female from her rightful place in society.

### Education

P.L. 94-142, the "Education for All Handicapped Children Act", if implemented as intended by the law, would provide for all handicapped children a new world. It was the finalization of a dream that would provide disabled children with the education, socialization and special services that can only be provided in a school setting and would assist in the elimination of many of the attitudinal barriers forged by both the disabled and the nondisabled. The removal of the architectural barriers would also enable the qualified disabled with additional career choices, thus indirectly providing role models for both groups. It is interesting to note that of the 344 disabled individuals responding in the publication **Educators with Disabilities**, that were employed within the elementary and secondary school system, approximately 60% were females. While we might commend this as having positive impact on school systems, we must also question whether or not this is within the national ratio of male vs female and again, why so few? Fortunately or unfortunately (depending on your particular bias), the greater number were employed as teachers within their own disability group; i.e., learning disabled with learning disabled, blind with blind, deaf with deaf, so that the "role model" or acceptance by a community outside of a disability group appears to be stifled.

It is imperative that we study different areas in education, e.g., (1) how the females with disabilities are brought into the system and their experiences within the system, (2) how accessible is the field of teaching to disabled females and (3) how the educational institutions can become the catalyst for change in the public's attitude and acceptance of disabled females.

Many of the females contacted had either very good or very bad experiences in being educated. Prior to the passage of P.L. 94-142, the constant harassment of school systems by parents to accept the disabled child was both time consuming and frustrating. Once in the system, there was every attempt to shunt them into the E.M.R. program and it was with great personal sacrifice that disabled female children were afforded an education. The

pressure was always there to excel, not to relax, and the constancy of "proving oneself every day" was a way of life. The counseling provided, according to one of our "consultants" within the secondary school level, was abysmally poor. Secondary school counselors had little, if any, experience or interest in working through problems related to college entrance examinations for the blind female and/or review of architectural barriers within "chosen" universities for a disabled female. The capability of females with disabilities was dismissed with platitudes, relating "your family will take care of you," "you would not be able to command the respect of young children," - "no one would hire you if you were able to get through the training requirements." It was noted that the presumption by the school counselors was that the disabled female could not work, so why expend time, energy and money.

### Recommendations

Since many teachers, counselors and administrators often feel that the disabled are a burden and not a responsibility, additional training for all members of the teaching team should be required on a continual basis. In the secondary school the vocational rehabilitation counselor should be involved in this training, which should be focused on the capability, not disability, of the disabled female. Specific illustrations of appropriate vocational goals for disabled females should be included. All secondary school staff should be required for continued certification to update counseling techniques and knowledge of disabilities.

It is also recommended that school systems, where available, begin to coordinate with the Independent Living Centers funded through RSA. An assessment/evaluation of the school programs as they feed into independence for the disabled child could have positive impact not only on the disabled, but also on the attitudes and perspective of school faculty.

Many school systems have only one community resource that reflects community and/or students' needs. The organization can effect real change within any school, if allowed. This organization is the Parent-Teacher Association (PTA).

Schools that are recipients of P.L. 94-142 (All Handicapped Children Act) funds should be encouraged to attract both disabled females and mothers of disabled female children to become involved in the PTA. This involvement could assist in the attitudinal change so necessary if disabled females are to become an educated part of our society.

The observations from our contacts having years of employment interviews were that primary and secondary school administrators are interested in interviewing the prospective applicant re personal reactions to their disability and not as a potential employee. It was only rare that our contacts noted that a prospective employer quizzed them about their philosophy as it would relate to the position, their ambition beyond the particular job, or their credentials as they related to a particular position. It was as though school administrators had never seen or talked with a prospective employee who also happened to have a disability. This is even more frightening when it is known these same administrators will be involved in the education of disabled children.



If disabled females are to be provided equal opportunity for positions within school systems and if disabled female children are to be afforded an equal educational experience, much needs to be done, and it should be done with dispatch.

### **Recommendations**

School administrators should be required to recruit disabled females on their faculty. While quotas are not particularly appropriate, evidence that recruitment activities related to seeking applications from disabled females should be required for all new positions. Adequate representation on the school boards and in PTA's by disabled females would encourage, if not demand, that this be done.

The potential role of the universities to be the change agents that would alter the attitudes and perspectives of society on and about the disabled females is both obvious and reasonable. Many universities have responded positively to the section 504 requirements in the Rehabilitation Act and have found that adherence to the spirit of the law has not been as expensive or as frightening as was first contemplated. Many universities, especially the state institutions, have established new positions to serve as "counselors for the handicapped students." Schools within universities (Schools of Engineering, Architecture, etc.) have worked with officials in planning and executing the elimination of architectural barriers on campus. Rehabilitation Counselor Education programs have assisted both university officials and disabled students themselves in developing "volunteer student pools" to assist deaf, blind, and students with disabilities. Disability or Handicapped Awareness Days/Weeks have become rather commonplace on university campuses that allow for the disabled student to engage and compete in special programs, focused again on increasing the knowledge of students and faculty on the abilities of the disabled. Our contacts included disabled females who were university faculty members. Obviously, these women have a special capability for influencing school officials. Many of the contacts emphasized that attitudinal changes, to be complete, must involve the colleges and universities as well as the students. The impact of instilling within their student body a real knowledge of the disabled is truly mind-boggling. One of our contacts indicated that the increasing acceptance by both students and faculty of herself and two colleagues (both were female and disabled) was one of the most satisfying experiences in her life. In fact, she noted that their major problem within the university was no longer their disability, but their femaleness. We do not necessarily consider this latter fact as progress.

### **Recommendation**

It is hoped that university officials and faculty will continue to provide acceptance for both disabled female faculty as well as disabled female students. We feel strongly that they should be encouraged to take even greater steps for equality for the disabled female by:

- (1) **Requiring that all university faculty who have disabled students enrolled in any of their classes, attend special training that would pro-**

**vide useful knowledge/contacts relating to the specific disability of their student.**

- (2) **Universities who train administrators for school systems begin to develop course work on disabilities and especially disabled females. There are few universities (if any) outside of the "special education field" that require course work in disabilities. In addition all programs that prepare administrators for schools should seek enrolment of disabled females into their school's administrative curriculum.**
- (3) **While somewhat idealistic, it should be established by state operated universities, that a requirement for graduation should include a special paper, experience or volunteer work with/for/or about disability.**

### **Special Concerns**

#### **Social Pre-Marital or Post-Marital Counseling**

To be candid, if these services are available, they have not been found by the disabled females seeking such help, either before, or after marriage through either professional clinics or religious groups. The "help" that was found centered on the disability and not on the appropriateness or inappropriateness of behavior within the marriage. There seems to be no acceptance that disabled females and their mates may have "normal" adjustment problems that relate to the give and take of a marital relationship and not on the disability of the wife. One of our contacts sought marital counseling with her able-bodied husband, and was appalled at the lack of sensitivity or knowledge of their counselor in this area. It appeared, at least to her, that the counselor recommended divorce because "no able bodied male should have to care for a non-able bodied female." The independence of this female who had been employed both prior and during the marriage was never accepted by the counselor. While not blaming the marital breakup on the husband, our contact did note that "it sure didn't help the situation any." The assumption, often reported to us, was that disabled females shouldn't marry anyway, especially to able-bodied males. The rejection of the fact that disabled females have the capacity (as non-disabled females) to make good, adequate or less than adequate wives for able-bodied or disabled males is not acknowledged by many in the counseling/mental health fields. Most damaging to the disabled female is the unspoken assumption that no "normal" able-bodied male would find a non-able bodied female attractive, personable and ultimately loveable. The whole self-concept of the disabled female can be disintegrated by these assumptions, either by peers or by society as a whole.

Academia, in preparing professionals for these counseling fields, have totally ignored the whole area. Religious training for ministers and priests is also remiss in providing any special training that would provide a service to a disabled female within a troubled marriage.

Until, of course, disabled females are accepted as females with a disability who have a capacity for and the capability to live within the total society, this need, unfortunately, will not be accessible. It is hoped that the whole arena addressed in the previous section on education may eventually address this essential service as well.

## Parenting

Many of the contacts made included those disabled females who became mothers. The major problems relating to pregnancy and/or delivery were the attitudes of the physicians or hospital staff in accepting the fact that women with disabilities often desire to have children, are happy to be pregnant and sincerely desire motherhood. Too often physicians are unwilling to accept this and reflect this unacceptance in all of their prenatal care. Many physicians automatically recommend either abortion or adoption.

In addition, one of the practical problems relates not to the instinctive (or learned) mothering traits, but to counsel and advice on the day-to-day needs of infants, the assessment of the environment, and advice on coping for disabled mothers. One young mother with mild cerebral palsy, after finally convincing parents that she and her husband truly wanted a child (and not an abortion) had problems in developing appropriate techniques to feed the infant. As long as the bottle was the only feeding, through pillow props the "shaking" could be overcome and the baby could be fed. But what about the problem of feeding the necessary cereal, vegetables, etc. as the infant grew into a toddler? Fortunately for this couple, an engineer friend devised some home remedies to assist, but the problems could have been minimized if clinics and/or physicians were more sensitive to their needs. The deaf mother encounters different types of problems that need to be addressed as it relates, perhaps not to the feeding problem, but more to the "watching" of an infant and the exposure of the infant/baby/toddler to voices, sounds, etc. The mother using a wheelchair obviously needs special equipment (though not necessarily specialized equipment) to be able to change and feed her baby. This whole area of developing adjustments/alternatives for the "ritualistic" care and feeding of baby/infants/toddlers is particularly crucial for the psychological and physical well being of both mother and child.

## Recommendation

It would be most appropriate to institute volunteer teams consisting of a mother, a handyperson (engineer type) and a physical therapist, occupational therapist, etc., who could begin to assess with the disabled mother-to-be, the needs of both mother and child and work through strategies/alternatives that would enable the disabled mother to adapt her "climate" to meet the nurturing needs of the baby. This outreach group could provide both the practical and psychological support for this new adventure, reduce the anxiety of the birth and the care of the child, and also act as contact persons.

Another area within this parenting concept relates to the "normal" mother whose baby is born with a disabling condition. So many of our contacts empathized in retrospect, the frustration of their mother in coping with their handicap. Mr. Alf Morris of the United Kingdom, the world's first Minister for the Disabled, has said, "There is no such thing as a disabled person, there is only a disabled family."

**Women who give birth or who adopt a handicapped child face not only their own emotions, but also are the parent who shoulders the major responsibility for the care of the infant, child or young adult. There is little**

**available except through parent groups, often loosely organized with mixed organizational goals, that can assist the mother in developing coping and knowledge skills. A result of this singular focus (or frustration) by a mother was reflected by many of our contacts who were "overwhelmed" when they went into the "real world", the over-protection by their mothers, in fact, added a handicap to their disability.**

Women who raise handicapped children need special help relating to their own mental health as well as the kind of help that impacts on the child's independence. There are pathetic illustrations of disabled clients of a VR agency whose mothers had transmitted such fear to their child that there was no way that the client could even envision themselves as independent from their parents.

Independence cannot be developed at any one age, but must be taught from infancy into adulthood. The recognition by the mother that the goal of independence for the disabled child is even more crucial than for the non-disabled child is one of great importance for the future health of the child. The "normal" fears a mother has for her girl child are compounded if this girl child is also disabled. Yet, there is little recognition of this fact in the field of child development or in the health/mental health clinics. It is impossible, as one non-disabled mother related to us, to discuss the problems of her "deaf daughter" with family or friends (who either cried, changed the subject or ignored the existence of the child) or professionals within the child development field when their knowledge of the impact of this disability on the child or the family was basically non-existent or at best superficial. In desperation, she began writing to national deaf organizations who were able to provide her with a school specializing in day care for toddlers who have hearing disabilities. Strangely enough, the school was located in her community and was easily accessible to her. So much frustration could have been so easily avoided if local pediatricians, child development, day care and head start programs could be made more aware of the availability of the "special" programs/services and make appropriate referrals.

## Recommendations

Special programs to assist mothers with disabled infants/children should be instituted through private/non-profit organizations and/or state health organizations that provide for mothers the special services they and their children need. The newly created Independent Living Centers might be an appropriate organization to begin focusing on this need. Meetings utilizing disabled individuals should be a part of this program, for who can better attest to the independence needs of the disabled than those who have gone through the dependence/independence syndrome? As one contact said, "Who can better assess when to recommend 'letting go' than those who have been allowed to go?"

## Medical

It is obvious that appropriate medical care be available to women that relates to their specific disability, i.e., orthopedic, neurological, etc., but it is beyond the ongoing supporting medical care that our contacts varied their needs.



## **Gynecological Care for Disabled Women**

It has often been the plight of disabled women that physicians view them as asexual, somehow assuming a non-existent fact that a disability precludes either sexual attractiveness and/or sexual desires or needs.

To some degree disabled women may need a "Masters & Johnson" team approach to instruct physicians that sex, even though one may be disabled, is not only possible, but can be as rewarding or exciting as for the non-disabled. It can be a singularly humiliating experience for most females with disabilities to establish any rapport with most physicians in order that they have available to them the same information and counseling that is available to their non-disabled counterparts. Many of our contacts received less than adequate information and/or counseling and then only through demanding the information. Telephone contacts by the authors to some local "family planning" organizations or clinics gave evidence on the unavailability of special counseling for disabled women regarding their sexual desires or capabilities, or methods of birth control available to them.

The need for special services in the gynecological field was expressed in the White House Conference on Handicapped Individuals<sup>4</sup> and bears repeating in this paper. Until disabled females have access to these services, their roles as independent females within our society is sadly curtailed.

**WHEREAS**, medical training programs rarely offer training that covers the special needs of women with disabilities and

**WHEREAS**, the general barriers to gynecological care for disabled women are a lack of training, sensitivity and information within the medical profession and a lack of experience relating to disabled women; the Disabled Women's Caucus offers the following recommendations related to gynecological care:

"(1) Hospitals and Planned Parenthood facilities shall be forced to comply with Section 504 regulations regarding accessibility to all women with disabilities. Enforcement shall be rigorous.

"(2) Training programs for medical professionals shall include basic information on and sensitization to disabilities and the special needs of disabled women.

"(3) Disabled women shall not be dismissed from institutional care on the basis of their sexual activities.

"(4) Pharmaceutical companies shall provide warnings on medication in braille.

"(5) Drug information presented in program form should include captioned visual and braille materials.

"(6) Medicaid/Medicare shall cover interpreter expenses for medical visits.

"(7) Medicaid/Medicare shall cover attendant care expenses on medical visits.

"(8) Information on birth control shall be available in braille and visual media shall be captioned.

"(9) Medical professionals shall be sensitized to the fact that disabled women have the right to make informed decisions as to their chosen method of birth control.

"(10) Medical professionals shall be informed of the medical implications of specific methods of birth control regarding women with disabilities.

"(11) Women with disabilities shall have the right to receive and refuse abortions and to make informed decisions about their bodies.

## **Gynecological Services for Disabled Women**

**WHEREAS**, gynecological services for women with disabilities are not regulated or supervised by any common body, the Disabled Women's Caucus offers the following recommendations:

"(1) Legal criteria shall be established and a Model Code developed and disseminated regarding sterilization, mental competency and informed consent of women with disabilities.

"(2) State Divisions of Vocational Rehabilitation programs shall provide for sex counseling and related gynecological services as a regular health service to all women with disabilities.

"(3) Outreach gynecological services to rural areas should be developed and funding of mobile units for this purpose should be encouraged.

"(4) Research efforts shall be developed in the areas of both medical and psychosocial aspects of gynecological care and sexual health for women with disabilities and funding shall be strongly encouraged in this regard.

## **Sexuality of Disabled Women**

"(1) As the handicapped are mainstreamed into the public school system, they shall be given equal access to sex education, i.e., interpreters for the deaf, alternatives to visual presentations for the blind, etc.

"(2) All institutionalized handicapped persons shall be given sex education and counseling in order to achieve their full potential for growth and development.

"(3) Where there is a sex education/sex counseling curriculum, the special problems of the disabled should be included.

"(4) In the field of rehabilitation, all staff should be trained to be able to deal with all aspects of handicapped persons, including their sexuality."

It is also self-deprecating to an orthopedically or neurologically disabled female to attempt to utilize the same examining tables used by the non-disabled females. It must be possible to design a table that can be lowered for easier transfer from the wheelchair as well as installing the appropriate controlling straps that can assist in fixing the flaccid limbs. This inaccessibility adds to the reluctance of many disabled women to access themselves to the health care maintenance so crucial for all members of our society.

## **Health Care**

A recent focus of our society enticing to both females and males has been the growth of health spas, fitness centers, weight control services, etc. These encourage (for a price, of course) the promotion of exercise, weight control, diet, etc. For the female with disabilities this is even



more critical than for their non-disabled sisters. The inability to participate in many of the ritualistic exercises imposes additional hardships on those disabled females that are wheelchair users, having mobility or balancing problems. Dietary restrictions are crucial. Judicious use of vitamins and of bulk foods can make a difference on the functioning level of all, and especially the disabled. Institutions have paid little attention to the well body concept and health professionals have ignored the disabled female in this essential aspect of body maintenance.

Many of our contacts had attempted to enroll in their community-based programs, including YWCA's, and found both a fear and a disinterest. The sight of a wheelchair in a "health spa" was obviously contrary to their image-makers. The lack of specialization training by staff, even in transfer activities, the architectural barriers, and the total lack of interest was obvious. In only two areas, New Orleans, La., and Atlanta, Ga., did we find that a health center had attempted to provide appropriate services to females with disabilities.

### Recommendations

We suggest that this need be made known to the headquarters of these various health related businesses. A marketing approach needs to be developed, i.e., what is the need, what is the potential for financial gain to meet this need? It will be necessary to "sell" this to the providers of these services and to then establish the services. The present participants of these "benefits" should work with their disabled sisters to develop this approach. It will need the combined efforts of many, and the volunteering of time by all disabled and non-disabled to make this need known and accepted in the market place. In large metropolitan areas where there are adequate numbers of potential consumers as well as numbers of these centers, a planned approach needs to be developed, encouraging the participation of some enlightened health care professionals (PT's, OT's, recreational specialists, physicians, etc.) to assist the centers in appropriate training for staff so that the services can become available. If one area could be developed and was found to be financially sound, it would soon be adopted by the corporate headquarters. Again, we call on the rehabilitation engineering field to become involved in developing/adapting these passive exercise machines for disabled females. The accessibility of these programs can assist in the continued health of females with disabilities, as well as provide an additional source for social interaction within the community. It would appear most appropriate for disabled females to approach the YWCA's within their communities outlining their needs. Many of the local programs have greater sensitivity to the needs of the disabled and have, whenever possible, eliminated the architectural barriers. A few of our contacts are working with local boards to expand the services to include disabled females.

The services of this new genre of specialists should also be brought into the newly established Centers for Independent Living to assist in the expansion of the services available to more general health care maintenance to the members of the Independent Living Centers. Additional volunteers to assist in this promotion would be helpful for the "aides" that are needed by the severely handicapped women. It is essential that health care be beyond the traditional medical care and that women with disabilities

have the knowledge as well as the availability of appropriate services to maintain themselves.

An area that is difficult to caption since it addresses a potpourri of attitudes relates to the dignity of the individual and the acceptance of both this dignity and its accompanying self-determination by physicians is best illustrated by the following experience as reported to us by a friend. A woman of thirty consulted an internist when she discovered a lump on her breast. She had muscular dystrophy since childhood, used an electric wheelchair with a joy stick control and was attending college. The internist aspirated the lump but could extract no fluid. The physician told her to forget it and not to worry. A year later, she consulted a different physician who biopsied the lump and recommended immediate surgery. Her hospital experience was demeaning in every sense of the word.

Before entering surgery, the woman was asked by the chief of the resuscitation team if she had cardiac or respiratory arrest during surgery, did she wish to be resuscitated since "she could not lead a normal life."

It was found that her entire breast was cancerous and she required a month-long stay in the hospital. Unable to use the call button in her room, she requested assistance to set up a simple device that she could use. Instead, the hospital employed a "sitter" for \$55 per night.

The inferences from this tale are many and include the following: (1) neither the initial internist nor the chief of resuscitation considered this woman with a disability as "worth" medical care afforded to non-disabled women, and (2) the hospital staffs are totally unwilling to modify or adapt existing practice to meet the needs of severely disabled individuals.

While this may be considered a particularly unique experience, it does provide an illustration of the insensitivity of the medical profession to disabled individuals and women in particular. While recommendations from the White House Conference Report specifically cite gynecological services for disabled women, there is a need within the medical profession to accept disabled women as a functioning part of our society and not to prejudice any individual by any set "normal" standards.

### Recommendations

1. Appointment of disabled persons (to include disabled women) to university medical school advisory committees since it is recognized that changes in the provision of medical care must begin with the "new providers."
2. Appointment of disabled persons (including women with disabilities) to hospital Board of Directors. This would carry the spirit of Title V into actual practice of medical care.
3. Development of special courses dealing with "living with disabilities" within medical school curriculum, nursing school curriculum, and hospital administration school curriculum.
4. A linkage of the Rehabilitation Engineering Projects (funded through NIH) and comprehensive rehabilitation centers (funded through RSA) with general hospitals to develop team reviews of their hospitals. Reviews should concentrate on knowledge of staff in adapting existing devices (call buttons, hospital beds, bathrooms, etc.) for easy

access for disabled persons as well as the sensitivity and capability of hospital staffs in meeting with the independence needs of the disabled. The accrediting arm of the American Hospital Association should be encouraged to develop standards for hospitals that relate to the special needs of permanently disabled individuals.

### Networking

Carol Ashkinaze, in her column (Atlanta Journal-Constitution, October 1, 1981) described networking "as the enlightened woman's answer to something the 'good old boys' have enjoyed for years: an ear on Madison Avenue, an eye on Wall Street, a friend in the industry and a leg up in the ladder of corporate success. Contacts." She further defined (as it might appear in the next edition of Webster's Unabridged: "Networking (:net'work), v.f. 1. To seek the advice or support of similarly situated or successful working women. 2. To offer advice or support to similarly situated or less successful women. 3. To establish or become "plugged into" an association, discussion group or support system in search of career advancement, new business opportunities or increased social interaction with women." While this definition has not as yet been recorded into Webster, we approached our contacts, however, with the question that in reaching their levels of accomplishments, was the networking available to them.

The only network that was available and often the way they arrived where they were, was the female disabled network. Many illustrations of help from the "disabled network" helped in referring to positions; providing social occasions; advice on colleges and universities; housing; transportation; automobile dealers (more honest than others); insurance companies -- in other words, a support system that most able-bodied females have found to be so acceptable and useful.

But the able-bodied female network, limited though it may be in some areas, was not made available to them. We contacted many "local female social groups" (as did our contacts) re membership for the disabled female and found it almost non-existent. We contacted "professional women's clubs", i.e., business and professional sororities, American Association of University Women and again, we found a similar response. Very few of our contacts were ever "rushed" for a sorority in college or encouraged to continue their memberships in professional sororities upon completion of college. In fact, many of our contacts were not aware of the existence of professional clubs at the time of their attendance at college.

Interestingly enough, some of our contacts were given special awards for outstanding performance and leadership from the professional women's clubs, but were not asked to join the groups. It was almost a token recognition of accomplishments with no understanding of the disabled female as a woman or interesting human being.

Social or political interest groups again are not sensitive nor interested in contacting disabled women for volunteer work or for special social functions. Unfortunately this then imposes restrictions on social contacts to the work place of other disabled females.

There are some organizations that solicit both their membership and their volunteer skills, but these are those

organizations that work with or for the disabled citizens. The major concern here is the untapped resource available to organizations of many competent females with expertise and perhaps time available for involvement is not utilized. It is unfortunate that the able-bodied enlightened women have not taken advantage of this resource. Surely disabled females have had experiences that are even more discriminatory than their able-bodied sisters, and more than the experiences have learned to cope with a world and a society that has not been responsive to their needs.

### Recommendations

These are most difficult to make since networking's only requirement basically is that an individual be willing to give help in turn as well as take it. Disabled females have proven they can do both, for other disabled females. How can one overcome the reluctance of able-bodied females to bring into their sphere of operation the disabled female? And how can the disabled female become a member of this network and provide help to her able-bodied sisters?

A recent article\* titled, "Jobs and the Disabled Women" recounted the experience of Sandra Schmeer, who "wanted something done about the problems disabled women face throughout the society." She, with other women in New York City, organized the "Women with Disabilities United" and are now used for advice and are invited to attend conferences within the Women's Rights movement. This networking of a disabled women's group has the potential for entering the larger networking system for all women.

### Recommendation

It might be well for every female who reads this publication to provide an entree for one disabled female into a particular club or organization, so that the movement will begin to gather impetus. That is essentially what is needed, a meaningful beginning and one with a real purpose. It can grow and networking might become available to all females, able-bodied as well as nonable-bodied.

It is interesting to note that most of the solutions expressed here would not require any major social revolution or a tearing down of the fabric of society. Perhaps the most special need, as written by Bruce M. Curtis (in the Fifth Mary E. Switzer Memorial Seminar) is that, "Services are best provided through a recognition of the value of another human being, no matter how different, no matter how poor or lacking in education" and we might add no matter the sex. Surely those problems noted here as major concerns are not so large that they cannot be overcome through the dedication and commitment of disabled and nondisabled males and females. The need for women to recognize the disabled female as a part of themselves should be all pervasive to the organizations dedicated to women's rights. As community builders and leaders, women, both disabled and nondisabled, have a responsibility to contribute to their community and to educate the community away from the prejudices and stereotypes that restrict us all. Women have always been better able to influence and to change society than our male counterparts. Perhaps it is time for all women to



regroup, to assess where we are and what needs to be done to expand *all* women's horizons, and to include the disabled female as the "change agent" within ourselves who has proven her ability and capability in overcoming multiple disadvantages. Perhaps they can teach us all survival!

The paper thus far has dealt with disabled women's access to services, but has not yet discussed their access to benefits. The benefits that relate to many of the areas discussed are the basis of federal laws and regulations, i.e., Medicare and Medicaid; Education for All Handicapped Children's Act; Social Security (SSI/SSDI); Maternal and Child Health Care; Civil Rights; Vocational Rehabilitation; Worker's Compensation. All of these have benefits available to disabled women, either because they are women or because they are disabled. If both the spirit and the letter of the law were implemented properly, perhaps there would be little need for papers and/or seminars that address this topic of "Women and Rehabilitation." Unfortunately, this is not reality, and it is important that we discriminate the real from the ideal, and laws often reflect the ideal.

At this particular time (1981), reality appears to indicate that there will be less federal impact, though laws may continue, compliance with the laws will be deemphasized. This presents particular problems for women with disabilities, for it is only recently that laws have acknowledged their needs. It will be necessary for all women to make certain that necessary services and benefits become and remain accessible to women with disabilities. We will need to demand that the benefits and services be common knowledge to all females with disabilities. We must also initiate a concerted effort within our communities to make information available to all women through use of every possible means of communication.

### Recommendations

1. Utilize the educational radio channels to publicize the services and benefits available to women with disabilities. Too many women do not have knowledge of benefits and thereby do not avail themselves of services.
2. Utilize the educational television channels to produce new films or to show existing films that relate to women with disabilities.
3. Provide volunteer time to community organizations that can impact on the community attitude on women with disabilities.
4. Continue to pressure public libraries to make available reading services to women disabled by visual impairments.
5. Continue to pressure TV channels to initiate and continue closed-caption TV for persons disabled by deafness.
6. Continue to pressure service delivery systems to become more aware and knowledgeable about women with disabilities and their special problems.
7. Provide role models for women with disabilities, encourage them to participate in sensitivity training and assertiveness training.
8. Assess within communities the accessibility of services/benefits to women with disabilities.

### Research Needs

Carolyn Vash, in her paper "Women and Employment" cites a recent comparative analysis of rehabilitation planning for male vs female within the California Vocational Rehabilitation Agency. The results were not surprising. Women clients are closed in employment status in a considerably more limited range of occupations. One can also surmise that there is an accompanying and more limited range of remuneration as well. A Rehabilitation Services Administration (RSA) Information Memorandum of June 21, 1978, revealed that in 1976 rehabilitated women earned 56% of the wages earned by male rehabilitants (also noted in Joan Barker's paper for this publication). The statistics from the U.S. Labor Department cited in the beginning of this paper reveal the same dismal information on disabled women.

Major national studies within programs such as Social Security, Vocational Rehabilitation, Comprehensive Employment and Learning, Work Incentive (WIN) and the myriad of programs within the Department of Labor (including Workmen's Compensation) that reflect benefits to and for disabled women are notable by their absence. It is at this point unknown whether or not women are accessing themselves to available benefits. It is known, in the few studies noted that if they do access themselves to services, the benefits are scaled downward.

### Recommendations

Utilizing the existing systems and data available within all of the agencies providing benefits, studies relating to disabled women's access to these benefit programs, should be required. By assessing such studies much could be gained to alter the present system of benefits available to and for disabled women.

All of these recommendations relate to a commitment by all who read this report to assess their capacities and abilities that can be utilized to expand and enhance the lives of women with disabilities. Only through this kind of self dedication can we attain equality for all women.

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## Excerpts of Reviews and Comments

*The following are excerpts of reviews, comments and questions raised by the Switzer participants. These are presented to further stimulate thinking as well as action as it relates to the content of the chapter by Martha Carrick and Tamara Bibb.*

Secondary education is portrayed as an especially frustrating time for disabled women students due to the problems attendant to their disability and made more so by the frequent lack of knowledgeable, understanding counselors and teachers. The advent of P.L. 94-142 (All Handicapped Children's Act) hopefully is making much needed changes in secondary school staff training regarding disability. Improvement in attitudes to disabled women teachers is increasing their number and providing more role models needed by disabled women students in secondary and post-secondary programs.

Community social services programs were found by the discussants to be woefully wanting in knowledge about disability and especially about the needs and capabilities of disabled women as homemakers and parents. Social services training, more hiring of disabled people as counselors, public education through the media and advocacy by disabled and nondisabled women are implications needing attention.

--Edna P. Adler

This is an excellent paper (chapter 2) which points out where some of the major problems exist for disabled women. It also indirectly gives us a feeling for the many omissions in our society which restrict opportunities for disabled women. It is obvious that we know where the major problems are, and yet we are not moving toward equally significant efforts to solve these problems.

I would hope that the seminar would address possibilities of actual political participation which would deal with these issues and how such activity might be stimulated and organized. The quality of life for disabled women will only improve as the quality of life improves for all women. Although it is a very complex task, all issues for women must be addressed together. We cannot define people by sex or by disability, but must provide opportunities for the total person to contribute and benefit through all that they are and can be. That is a lofty goal, but it does and can happen. Perhaps the extent to which it happens in our society is indeed a measure of our own degree of civilization.

--Joan T. Barker

The following methods that would enhance service delivery should include the following:

- Actively recruit disabled women as supervisors as well as counselors
- Provide counselors with information regarding new technology that would enhance the disabled women's reentry into the job market.
- Provide rehabilitation personnel information about the special needs of disabled women.

--Susan Flowers Dixon

What efforts are being made to prevent disabled teachers from being placed within their own disability group, rather than giving them greater option for placement? Even though many potential disabled teachers get the credits needed in colleges of education they have ex-

treme difficulties obtaining suitable practice teaching, placements and certification. If they pass these hurdles, they are up against a phalanx of prejudice against hiring disabled teachers. How do they deal with Boards of Education, superintendents, etc.? P.L. 94-142, the **Magna Carta of handicapped and youth, must be fully implemented.** Consumer groups, parents, providers of services and an enlightened public must collaborate to save and implement this law.

--Billie P. Elder

These are implications that suggest that there is a need for awareness training of staff and general public. In addition, the medical profession, the field of engineering rehabilitation, health care, religion, and education, all need to become more sensitive to, and respect the plight of the disabled woman in our society. The implications that would enhance service delivery include:

1. Sensitivity training programs for medical professionals on the physical and emotional conditions of disabled women.
2. Birth control information should be available in braille and visual media captioned.
3. Vocational Rehabilitation staff should be trained to deal with all aspects of the handicapped person including their sexuality.
4. Disabled women need to be trained in the areas of counseling in order to help other disabled women.
5. The staff of Community Centers in health care need training in transferring exercise activities to females with disabilities.
6. Additional training should be focused on what the disabled woman **can do**, not what the disabled woman **can't do**.
7. Religious training for ministers and priests in providing counseling services to disabled females with marital problems should be available.

Further research is needed in the areas of both medical and psychological aspects of gynecological care and sexual health for women with disabilities.

In addition, disabled women need to participate and contribute more fully in their service plan so that they would gain better insight to benefits and services available to them.

--Yetta W. Galiber

In these times of tight money and minimal access to new research proposals, networking does work, and can provide information and support that is much more solid and beneficial.

Networking has gone on in the rehabilitation community on an informal basis for a long time. Perhaps, because disabled women have found that formal channels do not exist, and if they do, are not always reliable. Women in rehabilitation who are competent, should seek the best information, and share as they can. Women feel less protective of their sources than men, and perhaps the kinship of womanhood brings out the best in delivery of

informal information. Networking has resulted in disabled women finding out about the services the authors describe for health, education, counseling, family preparation, etc. Traditional means were usually fruitless, and since time was also important, networking and a sharing of information was quicker and more reliable.

Leadership in rehabilitation is quickly utilized, and women in rehabilitation who display leadership quickly become a source. The good leaders took the time to develop the rest of us, and the unwritten rule was -- **pass it on.**

--Sheila Williams Hackett

While the needs, problems and services discussed in the

paper are important, there are other concerns regarding benefits and services which would seem overriding, e.g., housing, transportation, rehabilitation services, social security benefits.

One of the basic problems in this area is dealing with ignorance and stereotypical attitudes toward disabled persons. Tools which can be utilized to overcome some of this include: effective use of media, coalitions of organizations with similar goals serving in advocacy roles and networks for disabled women focusing on available services and resources.

**Until there are more women serving in top level positions in rehabilitation** there will probably be no significant changes in services to disabled women.

--Elizabeth Minton

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## Summary of Recommendations

*The following is a summary of the recommendations and implications for action developed by the Seminar participants as they related to the topic of the second chapter. (The recorder was Elizabeth Minton)*

### 1. Service delivery

Every effort should be made to sustain and increase the implementation of civil rights legislation pertaining to the handicapped at the federal, state and local levels.

The medical professions (physicians, dentists, nurses, and allied health disciplines) should be reached to be sensitized and provided information about the unique aspects of services to disabled women.

### 2. Training of staff and others

A three-pronged educational effort should be initiated to the following:

- a. Disabled women to inform them of rehabilitation programs and the services and benefits available to them;
- b. Rehabilitation counselors to help them understand the needs of women with various disabilities and the community resources available to assist in service delivery;
- c. Other community service providers to inform them of the unique needs of disabled women.

### 3. Research

Conduct an analysis of vocational rehabilitation, social security and other systems serving disabled women (mental health, developmental disabilities, etc.) to determine how well women are **accessing the systems** leading toward needed corrective action. This examination of currently available data can be done within existing resources and programs.

### 4. Legislation

Examine existing legislation (Medicare, Social Security, Education of All Handicapped Children, etc.) to identify restrictions on disabled individuals, especially women, and recommend legislation to make the programs more accessible.

### 5. Other areas not categorized above

- a. Establish a clearinghouse for the collection and dissemination of information concerning women, using a combination of voluntary (including consumer) and public resources.

- b. Materials should be collected by aggressive outreach to rehabilitation and other disciplines.
- c. Dissemination should be targeted to professionals servicing disabled women, and to women, **especially disabled women.**
- d. Disparate components of a dissemination system already exist which can be brought together to make a comprehensive system.
- e. Dissemination of information can be enhanced by practical applications of new technology, e.g., satellite teleconference, cable TV, etc.  
(1) Existing resources using technology for dissemination, e.g., West Virginia Research and Training Center, should be encouraged to develop and broadcast program for and/or about disabled women.

## **Chapter Three**

### **By Bobbie J. Atkins, Ph.D., CRC**

# **Women as Members of Special Populations in Rehabilitation**

Contemporary American society is faced with the compelling challenge of assisting women, as members of special populations, to maximize their potential in order that increased participation in all aspects of society becomes a reality. Although it has been estimated that females represent 53% of the American population, women have traditionally not voiced their opinions and have been reluctant to speak on their own behalf. Women's roles have, however, recently undergone rapid changes and females have received meaningful public attention. This transition is viewed as having a twofold effect. First, stress has increased as females attempt to cope with new roles (Eddy and Ford, 1980). Second, changes have focused increased attention on the special problems of women, in general, and on sub-groups (minority and/or disabled) of women.

Many members of majority America continue to be oblivious to the fact that everyone's life-styles, perceptions, and values are not the same as their own. Clearly, the special populations of women served in rehabilitation programs differ in roles and expectations from their majority, able-bodied female and male peers. Special groups of women have suffered from the same ramifications of sexism experienced by all women. Minority and disabled females also have suffered from the negative impact of discrimination based on their color and/or disabilities. Additionally, men and women have tended not to view the female as equal in personhood to men (Wrenn, 1973).

Nevertheless, the woman's movement has helped to create awareness of the needs of women resulting in increased participation of females in various aspects of society. The focus of the movement has been on helping women change their self-definition which should, in turn,

facilitate positive changes in the male perception of women. Both changes are required to enhance the opportunities for females to translate their potential into self-fulfilling roles.

Although sexism has been found to exist in most major areas of society, the civil rights legislation of 1964 made it illegal for employers to discriminate against persons based on sex and is considered a major advancement for women's rights. Hence, no major employment area currently is legally closed to women. Similarly, women are more active than ever on the political scene, are experiencing increased sexual independence due to the use of the Pill, and are better educated than ever before. Inherent in these advances are increased barriers, increased responsibilities, and the continuing need to include special groups of women in all areas of society.

To effectively assist women in their rehabilitation, consideration must be given to the interact existing between disability, sex and race as these variables impact upon education, employment, and quality of life. Each female enters the rehabilitation process with her own beliefs, attitudes, values, and goals. As a result, there is no cookbook for assisting women in rehabilitation. As Henderson (1979) stated, "helping relationships do not allow a rigid structure" (p. 492).

There are, however, at least three major responsibilities for anyone who advocates for special populations of women. First, optimal personal and intellectual growth must be promoted. Second, an environment conducive to growth and development must be established and maintained. Third, rehabilitationists must be aware from a personal and social view of gender, culture, and disability differences.



In addition to the three responsibilities cited, rehabilitation personnel must consider carefully the following assumptions:

1. Discrimination based on disability, gender, and race is operative in our society;
2. Women are not treated with equal status to their male peers, and
3. We are either a part of the problem or the solution.

Typical emotions aroused by these assumptions range from anger and fear to empathy and commitment (verbal and action). Nevertheless, women from various special groups are a part of rehabilitation caseloads and if viable services are to be provided, these assumptions must be discussed, clarified, and resolved.

#### **Opportunities and Barriers**

The woman's liberation movement brought about the existence of inequalities for women forcefully to the attention of Americans and the movement has widespread implications for all females as well as males. The following discussion highlights numerous opportunities and barriers which rehabilitation personnel must consider as they work with special groups of women consumers.

#### **Self-definition and Clarification**

Never before in American history has the time been more opportune for women to define themselves and their roles. Men currently are asking the question of women -- what do you want? To effectively respond to male questions, self-definition must encompass females from varied backgrounds including those who are minorities, disabled, and aging. Yet, self-definition also must allow for individual differences leading to numerous potential barriers.

The first obstacle to successful self-actualization is fear. Although advocates of the woman's movement view females as equal to males, many women continue to see themselves as caretakers of males and are afraid to assert themselves to acquire their rights. Cultural conditioning has resulted in other females viewing themselves in restricted roles, as self-devaluated, and as dependent. Similarly, many other women define themselves as appendages of males and not as holistic persons (Wrenn, 1973).

For the woman who is disabled and a minority group member, self-definition involves a triad process. First, all of the negative aspects concerning female status previously cited must be clarified. Next, the stereotypic descriptors associated with minorities must be considered. Finally, the realities of the internal and external obstacles of physical and/or mental disabilities must be confronted. The impact of disability, of minority status, and of being female can produce three major impediments to self-actualization.

#### **Male Awareness**

Most males are understandably frightened and confused by the new emerging diverse roles of women. For the first time in American history, feminists are demanding their equality in all aspects of society. Consequently, males need to be involved in the exploration and clarification of female concerns. The traditional male views the female as a dependent persons who relies on him for direction and support. Women must, therefore, not lose

the chance to help shape changes in male definitions and thereby increase male awareness and acceptance of the humanness of women.

Since many women are confused about their own value, a major hindrance to increased male awareness resides within the female. Until women feel better about themselves and are willing to take risks to become self-actualized, little can be done to enhance the male's perception. Similarly, males are not eager to share power with females, tradition is difficult to change, and consistent caring confrontation of the issues is required by females. Because some women appear to be satisfied with their current status, a danger exists which could lead to separatism among women. Feminists advocating for changes and equality must allow females, many of whom are disabled and minorities, to differ in their views and vice versa. Otherwise, men will be left to speculate, judge, and continue to define the woman's role.

An equally important barrier to female self-definition and increased male awareness is attitude. Attitudes help to shape much of what we do, how we feel, and the alternatives we select. Traditional male and female attitudes regarding the role and status of women have prevented meaningful resolution of many problems for women. For disabled and minority women, these attitudes are reflected through discrimination in all aspects of society suggesting that multifaceted resolutions must be considered. Social conditioning is felt to be at the root of the attitudes held by females and males representing a critical barrier still to be confronted and overcome.

#### **Education**

Education represents still another opportunity with inherent barriers for special groups of women. The educational system has two major purposes: (a) to provide youth with the tools needed to realize their full potential; and (b) to help young people improve their individual and group positions. For many women however, especially those who are disabled and/or a minority group member, the realization of their goals is questionable. For example, Jackson (1976) stated that "ghetto schools have failed miserably to provide the educational experience to help Blacks overcome the efforts of deprivation and discrimination" (p. 147). Anderson and Love (1973) supported Jackson's statement when they pointed out that educational staffs are also unprepared to deal effectively with minority students.

Historically, the American educational system has disproportionately benefited males. Women, especially special populations of women, have not traditionally been advised or encouraged to pursue the more rigorous academic subjects based on biased attitudes of school personnel. Until recently, another hindrance that education imposed on women was the failure to provide role models of females in all types of positions. Although changes have been made, many educators continue to believe that women are better suited for certain roles because of their gender.

To plan effectively for assisting special populations of women in rehabilitation, increased awareness by rehabilitationists of both the opportunities and obstacles in education is a must. Specifically, accessibility for and acceptance of special groups of females in education must be explored. Additionally, rehabilitation workers must examine their attitudes concerning educational op-

portunities for females. Schools and colleges have increased the availability of educational services for females but convincing some females and their male peers that they are deserving of these services may be an overwhelming challenge.

#### **Employment and Social-economic Status**

Closely associated with education is employment and the salient aspects of the employment problems for special groups of women include: (a) unemployment and underemployment; (b) the role of employment in the female struggle for equality; and (c) the role of skin color in discrimination for minority females. "Title VII of the Civil Rights Act of 1964, which became effective in July 1965, bans discrimination in employment because of race, color, religion, national origin, or sex" (Marshall, 1967, p. 32). Yet, special groups of women possess higher employment rates than their male peers and are underpaid for the same jobs done by males.

"A significant amount of the struggle of minority groups to assert their fundamental rights is in the area of employment" (Anderson & Fuller, 1976, p. 29). This is also true for women. Because a major goal of rehabilitation programs is directed toward successful employment of its disabled clients, rehabilitation personnel can not afford to take a neutral position in the females' struggle for full employment opportunities.

Another notable aspect of employment problems for minority females is their skin color which tends to further limit their opportunities for equal employment opportunities. First, female job applicants must deal with employment problems shared with other applicants (lack of valuable job opportunities, high unemployment, etc.) Second, their obvious membership in their minority group tends to arouse stereotypes in employers resulting too often in their being rejected for employment or being assigned to undersirable jobs.

Although employment opportunities for women have increased and women have made some gains, women continue to be underrepresented in such professions as medicine and law. Top level administrative and decision making positions are also virtually void of female representation. Similarly, special groups of women are even more underrepresented in the occupations cited. The barriers have, therefore, tended to overpower the advances.

The importance of social-economic status as it relates to education, employment, and quality of life can not be over stressed and the seriousness of these relations is particularly salient for minority and disabled females. Racism and sexism decrease the quality of education and in turn restrict economic opportunities and the ultimate quality of life. For example, Blacks desire educational opportunities and advanced job status but *do not* expect to acquire higher social-economic status. The reality is that the impact of discrimination has limited minority and disabled female's chances for upward movement in status.

Similarly, the attitudes of majority America constitutes crucial blockages to advanced social-economic status for minority and disabled women. First, many Americans continue to believe that minority women are unmotivated and thereby unable to improve their status. Second some majority Americans lack understanding and respect for the struggles encountered by minority and disabled

females. Third, disabled females often are believed to be incapable of leading productive lives and are relegated to a less than human or female position. Lastly, the result of these stereotypic attitudes is the denial of needed opportunities to numerous motivated disabled and minority women.

To summarize, it is the responsibility of all Americans to ensure that society changes so that it can accept the responsibility of preparing all citizens to live comfortably and fully in this multi-cultural society (Trela & Falkenstein, 1974). Women, including those in special groups, have made notable social-economic, educational, and employment gains but they continue to lag far behind their male counterparts. Therefore, rehabilitationists must work diligently to help their female clients to elevate their skills and potential in all areas of living.

#### **Mechanisms to Overcome Barriers**

The complexities associated with being a minority and/or a disabled female are serious but not insurmountable. Needed is creative use of existing resources and the development of new approaches based on individual and group needs of women. The following mechanisms may be employed to assist special groups of females within and outside of rehabilitation.

#### **Self-actualization and Self-definition**

Majority, minority, and disabled women share a common bond of discrimination based on sex, race, and disability. The result of discrimination is a questioning of the value and dignity of women for the irrelevant reasons of sex, race, and disability (Wrenn, 1973). Hence, discrimination represents a common ground from which women and men must confront barriers. For women to realize their full potential, a four step process is recommended:

- (a) Self-actualization/self-definition;
- (b) Reinforcement/support;
- (c) Skill acquisition/refinement; and
- (d) Implementation/action.

Much of the women's movement has been dominated by white middle class females. Hence, self-definition often has lacked inclusiveness. If women are to achieve equal status with males, all types of women, regardless of color or disability, must be included in self-clarification. Just as some majority women have difficulty relating to women's liberation, so do many minority and disabled women. These women must not be ostracized but encouraged to learn more about the movement, to verbalize their needs, or to remain as they are.

The concept of independent living (IL) focuses on disabled persons having options and being able to make their own choices. The IL philosophy is also appropriate for women. For example, no one has the right to deny a woman the right to fail. If failure occurs, however, women must be willing to support and help their peers to refocus and proceed with other options. Therefore, a broad definition of self-actualization must be developed which affords women numerous meaningful options. A danger exists if women do not become more inclusive. Polarization may occur and males can watch the conflicts without making meaningful adjustments to help advance the rights of women. To avoid this potential danger, women of all colors, disabilities, and economical levels



**must join forces to determine common strategies and goals.**

An inclusive definition of self-actualization for women involves the realization that women are able to cope with themselves and others, to know their needs, and to assume responsibility for their actions. An important element in being able to cope with one's self and others in problem solving which is facilitated through effective decision-making. Disabled and minority women must be encouraged by rehabilitationists to resolve problems, to make effective decisions, and to take the responsibility for their own choices.

To assist rehabilitation workers in helping women become more self-actualized, the following problem-solving approach is suggested. First, help women to clearly **identify their problems** in physical, psychological, social and economic terms. Next, assist women in **effective strategy planning**. This phase involves alternative formulation and decision making. Women must decide which alternatives are worth pursuing and what tactics must be employed to reach chosen goals. The final phase of the process involves **outcome** which includes reality testing. Women must carry out behavior decided on as the most effective course of action and evaluate the effectiveness of their actions. These techniques provide a step by step process to help women become better problem solvers and in turn more self-actualized. Although many women will not need to use these suggestions, poor problem solvers can be taught to increase their effectiveness of their decision making by following this plan.

#### **Reinforcement, Support, and Validation**

Much of the success of special populations of women in becoming more humanized depends on the quality of feedback they receive from peers, significant others, rehabilitation personnel, and society in general. As rehabilitationists, we are aware of the effects of feedback on growth and development. The negative attitudes of society, including disabled and minority women's peers, significant others, and rehabilitationists, constitutes a major problem in the adjustment of special groups of women. Specifically, societal attitudes influence the type of treatment and programs implemented to meet the needs of special groups of women. Before women can fully become self-actualized, the negative feedback which society has provided, must be changed.

Increased awareness by society of the impact that discrimination has on minority and disabled women is the first logical step toward improving feedback and providing support to women. Next society must reevaluate its stereotypic views of women and how these misconceptions can be eliminated. Third, the culture and social conditioning of special populations of women must be understood. Women are conditioned from infancy to be non-assertive and dependent and when these behaviors are combined with the poverty culture in which many disabled and minority women exist, the result is devaluation for the woman as a person.

To help validate, support, and reinforce the humanness of disabled and minority women, support groups are suggested. These groups should not be exclusive, but should include females from various ages, minority and disability groups, stages of development, economic status, and vocational backgrounds (Kriegsman & Celotta, 1981). Support groups have the potential of assisting

women to increase self-expression, to enhance self concepts, to acquire and exchange information, to set appropriate goals, and to lessen anxiety. For example, Kriegsman and Celotta (1981) have successfully developed and used the **Creative Coping Group** for physically disabled women. The coping group combines relationship-building and problem-solving components resulting in a useful modality for assisting special populations of women served in rehabilitation.

**Assertiveness training** is another valuable tool which can be used to help special groups of women in rehabilitation. Assertiveness helps individuals to behave so that their rights are expressed and obtained. The key to assertiveness training is focused on helping persons through verbal skills to articulate their needs (Wright, 1980). Some of the basic human rights which can be reaffirmed for minority and disabled women through assertiveness training include the right to be treated as a capable person and not to be patronized, to feel and express emotions, e.g., anger, to refuse requests without feeling guilty or selfish, to make mistakes and be given the chance to change, to have and express one's own ideas and feelings, and to have the right to ask questions. Assertive skills usually are taught in a group setting, thereby providing an excellent tool for giving support to minority and disabled females.

Other mechanisms which may be employed include the development of combined male and female support groups which would serve to alter male views and increase self-confidence for females. Likewise, the media has many modes for increasing support to special groups of women. Newspapers, magazine, and radio and television programs could be used to publicize the needs and achievements of women. Political, social, and service organizations provide another medium of support building. Policy, fiscal, and social changes could be implemented via these organizations which focus on the positive and negative aspects of being a minority and a disabled female. Until society is willing to change the negative feedback give to women, it will continue to be very difficult for special populations of women to positively reconstruct their self-image.

#### **Skill Acquisition or Refinement**

Education and employment typically provided methods for Americans to acquire and/or refine their skills, but, for many minority and disabled women, these two avenues to success are fraught with obstacles. Barriers involve accessibility of an architectural and attitudinal nature. Currently, the legal and social system is cognizant of the needs of disabled persons. For example, education is a legal right of all children regardless of their disability, sex, and race. For the first time in history, most college and university campuses are accessible and provide special assistance to disabled students. Yet, disabled minority women often are excluded due to the negative ramifications of long standing discrimination. To help compensate for these inequalities, rehabilitationists must employ creative and comprehensive approaches to include special groups of women in higher education.

Rehabilitationists must ensure that their female consumers are aware of the vast educational opportunities available and the legal support existing to assure that opportunities become reality. Specifically, colleges without



walls, correspondence courses, weekend courses, technical schools, and college credit for life experiences are options which should be explored and traditional, educational programs should not be excluded. Next, comprehensive evaluation of the disabled and minority female's assets must be made in order that meaningful skill acquisition or skill refinement can occur. Finally, female consumers should be encouraged to acquire educational skills which have been labeled nontraditional for women. Hence, rehabilitation personnel must ask themselves if they are willing to assist special groups of women in developing all of their potentials and talents.

Although employment and skill acquisition opportunities are greater than ever for women, special populations continue to remain in "traditional" female jobs and are clustered in low paying, menial occupations. The challenge, therefore, for society and rehabilitation is to assure that special groups of women have equal access to employment information and opportunities currently in existence. Mechanisms which can be used include job clubs and job fairs. Equally important, minority and disabled women should be encouraged to assume leadership roles in developing and implementing options. Additionally, rehabilitation personnel must advocate for the recruitment, employment, and retention of disabled and minority females within and outside of rehabilitation (Johnson & Wen, 1980).

#### **Implementation and Action**

Once minority and disabled females have clarified their status, have been reinforced for their assets, and have acquired meaningful skills, viable action must occur and be maintained. Rehabilitation has at its disposal numerous resources for special populations of women and rehabilitation personnel represent the first source which can be used. Rehabilitationists are experts in determining the assets of disabled persons, relating these assets to employment, and helping clients become more self-reliant. These same skills are required to assist special populations of women, but greater effort is often needed to help turn the negative ramifications of sexism and racism into meaningful goals.

Meaningful professional in-service training programs for rehabilitation personnel is another vehicle for assisting minority and disabled women to reach their goals. Programs designed to improve the staff's awareness of the special needs of women would be advantageous. Also required are programs which provide insight into the culture of specific minority groups. Exposure to educational, vocational and political information which impacts upon disabled and minority women should be included in training programs. These activities provide personnel with methods to acquire and exchange information, to develop avenues to seek common solutions to problems, and to foster public relations.

Public rehabilitation legislation is another tool which can be used to ensure that action occurs. The Rehabilitation Act of 1973 makes clear the responsibilities of public rehabilitation to all disabled persons. The Act states that comprehensive programs must be established which help individuals prepare for and engage in gainful employment consistent with their capabilities (The Annual Report of the U.S. Department of Health, Education, and Welfare, 1977). Clearly, this legislation provides the needed clout to assure that special populations of women

acquire the tools needed to reach their goals. As fiscal resources decrease, consistent advocating for the needs of special populations of women must be increased and the legislative mandates should serve as a viable tool to remind society and rehabilitationists of their responsibilities.

Another useful resource possessed by public rehabilitation is research and demonstration projects. In the past, these projects have been used, in part, as a method of securing additional information concerning the provision of better services to minority clients. The need is evident for the continuation of research projects directed specifically toward issues dealing with the needs of disabled and minority females. Often, research has been deficiency orientated when special populations must assure that research purposes are focused on providing assistance and promoting the welfare of women. Additionally, much of the research in specific disability areas, e.g., alcoholism, has tended not to include females as subjects. These biases must be avoided so that unjustified overgeneralization will not result from research.

The final resource to be explored which has an impact on action for special groups of women is the rehabilitation counseling process. This process includes interpersonal communication and assistance plus the coordination of services for clients with disabilities. This process represents the mechanism through which a sound rehabilitation plan is formulated and implemented. Yet, rehabilitation counseling has its roots in traditional theories/approaches of counseling which tend to focus on problems encountered by middle-class, white male counselees. This means that counselors will need to remain flexible in their approach to minority and disabled women clients in order to adequately service these clients. Race, disability, gender, and social factors must not be ignored.

Schumacher (1973) shared a similar view when he spoke about the disabled disadvantaged. Counseling the minority client involves the same elements as counseling with other clients, but the Black clients' condition, the agency, and the counselor impose special considerations. Rehabilitationists should remember that the same awareness is needed when counseling women who are disabled and/or members of a minority group.

#### **Recommendations and Conclusions**

In pursuit of mechanisms to help special populations of women served in rehabilitation to overcome barriers to their successful integration into society, rehabilitation personnel are provided the following specific recommendations.

##### **Personnel**

1. Rehabilitationists at all service levels must develop a sincere commitment to assist minority and disabled women.
2. Recruitment, retention, and promotion of special populations of women is required in rehabilitation practice and education to serve as role models.
3. Rehabilitation personnel must increase their knowledge about the effects of disability, sexism, and racism on women's efforts to become

more fully functioning members of society.

4. Examination of values and attitudes of rehabilitation personnel as they relate to special populations of women is required.
5. There is a need for rehabilitation personnel to develop and participate in sensitivity training and inservice programs designed to improve awareness of the needs of disabled and minority women.
6. An active orientation toward casefinding of special groups of women is required.
7. An advocacy approach to serving disabled and minority females must be developed which allows counselors to speak on behalf of, not for, their clients.
8. Legislation which places emphasis on providing services to women must be supported.
9. Efforts must be made to effectively communicate with special populations of women. Effective communication means that the counselor and client must clearly express their ideas, needs, and goals. Additionally, the counselor must be capable of seeking clarifications when messages are unclear.
10. Rehabilitationists must remember that individual difference among minority and disabled women must be assessed and respected as with any other rehabilitation client.
11. Rehabilitation personnel must develop their political skills to effectively lobby for the rights of disabled and minority women.
12. Rehabilitation professionals must become legally astute and inform consumers of specific legal tools which can be employed to advance their rights.

#### Rehabilitation Education

1. Rehabilitation Counselor Education (RCE) programs must provide a multidisciplinary approach to problem-solving related to women who are disabled and/or a minority group member.
2. There is need to ensure that minority and disabled women are students and faculty in RCE programs.
3. Graduate program RCE faculty need to develop recruitment programs with predominantly Black and/or female colleges and universities.
4. RCE faculty need to promote and support research which explores minority, disability, and gender issues.
5. RCE programs should develop learning packages which focus on special populations of women. These materials should include tapes, films, attitude scales, and counseling alternatives and strategies.
6. There is a need to include special populations of women as guest lecturers in RCE courses.
7. RCE faculty need to teach a system approach to community assessment which focuses on services to minority and disabled women.
8. Special courses which focus on comprehensive services to disabled and minority women also are suggested.

Considerable work still is necessary to help special populations of women to reach their full, potential. Women need to be freed from sex-role stereotypes, assume greater responsibilities in society, and overthrow their second-class citizen status. The major battle is focused on men and women working together to overcome the inequalities suffered by women. The role of rehabilitation personnel in providing services to these special women requires creative and comprehensive techniques. All resources must be employed to advance the status of women.

The goals of rehabilitation need not be changed in order to recognize the individuality of disabled and minority female clients, but there is need for sensitivity in the attainment of these goals. Traditional counseling strategies have much to offer individuals in these special groups of women. Yet, the need remains to creatively explore the rehabilitation process, anticipate and comprehend the individual needs of women, and increase awareness of the types of relationships being developed. The ultimate challenge to rehabilitation personnel is to use our resources to work together with all oppressed persons so that human dignity is assured for all.

□

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## Excerpts of Reviews and Comments

*The following are excerpts of reviews, comments and questions raised by the Switzer participants. These are presented to further stimulate thinking as well as action as it relates to the content of the chapter by Bobbie J. Atkins.*

The message conveyed in the paper is that rehabilitation has many potential allies to assist it in its work with disabled women, not the least being the women's movement, but that much further exploration of the known resources needs to take place. Disabled women themselves are viewed as a critical source of assistance in the development of a much needed self-definition for their group based on disability and the changing role of womanhood.

The problem of job stereotyping and women which is especially acute for disabled women needs to be addressed in rehabilitation counselor training programs. Counselors can become effective advocates for disabled women, enlisting the help of special populations as they should be advantageous.

State rehabilitation agencies need to actively recruit disabled women to serve as counselors for the special values they bring to their jobs. Public service employment of disabled people is good public relations bringing their skills to the attention of the community and helping to dissipate negative attitudes regarding the employability of disabled persons.

**Edna P. Adler**

The author does an excellent job of pointing out where disabled women stand in terms of negotiating their own rehabilitation in our society. She also clarifies the responsibility of the rehabilitation profession in dealing with the particular issues that disabled women face and that rehabilitation professionals themselves face in dealing with disabled women. The recommendations made to the rehabilitation profession for dealing with these issues are excellent; however, it does leave one wondering who will be first to accept the responsibility for change and how we can cause those in positions of authority to pursue the work necessary to improve this situation.

**Joan T. Barker**

In the area of policy or program development, I would recommend the following:

- Develop creative out-reach programs by working with recognized community organizations already **working with special populations.**
- Develop innovative programs that can tap into community/state/national volunteer force and/or programs of these existing networks. (e.g., Telephone Pioneers of America.)

**Susan Flowers Dixon**

The implications for training and public awareness is recognized in the following aspects of the paper and needs to be emphasized:

- Assertiveness training for ethnic minority disabled women.
- Publicity of the needs and achievements of ethnic minority disabled women through the media (newspapers, magazines, radio, and television).
- Campaign to promote acceptance of qualified ethnic minority disabled women in the world of work.

- Various ethnic minority disabled women need to serve as Role Models to promote the positive image of minority populations.
- The Vocational Rehabilitation counselors need further training in recognizing and understanding the different cultures of minority disabled women in order to enhance service delivery.

Deep attitudinal fears color the interaction between the disabled minority and the rest of America. Too many minority handicapped women are hungry, unclothed, unemployed, unsheltered, and completely unaware of the better life which is their right. Regulations to laws clearly require outreach so that ethnic minority handicapped persons can share in these rights and have their way of life respected and incorporated into institutional and social service programs. **Advocacy and outreach are essential** if the necessary program changes are to be made to ensure services for ethnic minority disabled women.

**Yetta W. Galiber**

The author did an important job of focusing attention on the issues of disabled women, even before they begin to participate in rehabilitation planning. Attitudes which the disabled woman has of herself can affect her feeling of her right to equal opportunity to services and resources. Attitudes which the rehabilitationist "at every level of service delivery" can hold, which limit the opportunity to participate. The recommendations which the author includes on overcoming barriers to successful integration of the special populations of women are an excellent training agenda. The core of each recommendation is a change in attitudes. I hope that our seminar will spend a considerable amount of time in turning around the elusive concept of attitude in the development of rehabilitation planning for women.

I was intrigued by the impact on legislation that the article raised. Actually, the legislation is there to protect women in rehabilitation service delivery systems. The unfortunate part of legislation is in communicating that the legislation is there for the individual, that stands need to be taken to change attitudes, and that unless money is provided, the change will not take place.

The disabled woman who is a minority within a minority is unable to take that chance to change, and to make the legislation work, there is no mechanism to assist the disabled woman in making changes.

The disabled woman who survives and succeeds can share and can communicate to other disabled women on the risks worth taking, the attitudes worth fighting, the structures that are flexible. The author took the right word -- **dialogue** -- as the beginning of the future, if disabled women are to be part of the system, instead of looking in from the outside.

**Sheila Williams Hackett**

Women trying to get on and go up the ladder, as I have seen it over most of the last 30-40 years have had to show they were significantly better than the male presenting himself at the same rung of the ladder or reaching for the next rung. For the woman this has meant acquisition and



maintenance of skills/competence. Is this not the same or maybe even a stronger truth for minority women entering or advancing in the job market?

**Miriam Stubbs**

As disabled women progress through their rehabilitation programs perhaps we should consider a "cookbook for assisting women in rehabilitation." Discussions could center on 1) how to promote optimal personal and intellectual growth, 2) how to promote an environment conducive to growth and development, 3) how can we encourage rehabilitationists to be aware on a personal and social view of gender, culture, and disability differences.

If, indeed, the first obstacle to successful self-actualization is fear, who is best-equipped to help the disabled woman cope with that feeling? Are rehabilitation counselors sensitive to the fears of a disabled woman as she attempts to make career choices and related areas of training?

The entire area of attitudes is indeed a challenging one. Social conditioning is important and must be presented through a strong public awareness program geared to depicting women in responsible careers. How many posters have you seen at the state or federal level which portray a woman in a wheelchair as a scientist or factory worker?

Another area for discussion should be, if handicapped women have not been traditionally advised or encouraged to pursue the more rigorous academic subjects, how can we go about making this possible? If we have failed to provide role models of females in all types of positions, whose responsibility is it to do this and where can we find them?

We continue to hear there must be an increased awareness by rehabilitation personnel of opportunities and obstacles in education. I suggest research should be carried out dealing with both of these issues.

I take issue with some of the comments relative to the social and economic status as it relates to education, employment and the quality of life. I'm not sure we can

support the statement, "Blacks desire educational opportunities and advanced job status but do not expect to acquire higher social economic status." I feel we must be very careful not to lump people into categories but rather state, "some blacks may feel this way."

The entire area of attitudes of majority America again leads us to the recommendation for an overall public awareness of the abilities and goals of disabled women.

If educational opportunities for disabled women are being denied due to the legal ramifications of long standing discrimination, perhaps we should recommend research and comprehensive approaches by rehabilitation personnel in helping with these problems. How can rehabilitation personnel be encouraged to advocate for the recruitment, employment, and retention of disabled women within or without rehabilitation?

**I strongly urge we give serious discussion to meaningful in-service training which could be provided for all levels of rehabilitation professionals. As we continue to learn more and more upon them as the vehicle which can provide crucial services to women who are disabled, we must help to equip them with all the information that is available.**

**Evelyn R. Villines**

The author summarizes very well some of the problems and possible solutions for women who are part of the underserved minority groups in rehabilitation. As recently stated in an article published in **Disabled USA**, those with double disabilities, that is, having impairment plus, for example, being a woman, a black, or a Hispanic should receive proper attention. "Often, adjusting to a physical or mental handicap is connected with, hindered, or complicated by how the individual and society react to the other disability." (p. 1, **Disabled USA**, Vol. 4, No. 8, 1981). As Gorski points out in this article some professionals tend to consider only the disability aspect per se in an individual. When this happens, the disabled minority person may receive unrealistic services.

**Denise G. Tate**

## Summary of Recommendations

*The following is a summary of the recommendations and implications for action developed by the Seminar participants as they related to the topic of the third chapter. (The recorder was Shiela W. Hackett).*

### General Statement

Rehabilitation service delivery systems frequently do not permit the disabled woman of an ethnic minority to understand and use their systems. The tendency is to let the person fit the existing system, instead of adapting the system to the individual.

In rehabilitation, we are reviewing recommendations for systems, since systems are what the disabled woman from an ethnic minority needs to understand, know and work with. Our discussions resulted in a consensus that these women may not understand, nor fit traditional ways of working with the system, and that such women are sometimes lost, do not enter, or become at odds with the system, and these disabled women are less likely than other disabled persons to even get to the systems to access services which they need to be independent.

Our recommendations emphasize practical ways for "systems" i.e., people working together, to include and reach out to serve disabled women of ethnic minorities.

### 1. Service Delivery

- Provide equitable services to disabled women of a minority group, by reviewing dollars spent, time spent and types of career plans approved.
- Recruit and keep persons of ethnic minorities in the field of service delivery. Provide individuals trained in the special needs of ethnic minorities at the entry points to service delivery. Insure coordination and links to health systems, educational opportunities, and employment, by trained staff, so that users of services receive support and explanations as they make needed changes.
- Insure that the culture of each minority group is

respected and that during counseling and other services, the majority culture is not imposed on the minority.

- d. Coordinate with remaining Client Assistance Projects (sponsored by RSA and other advocacy groups) to provide additional support to minority clients.

## **2. Policy and Program Development**

- a. Develop an innovative program of outreach to disabled women of ethnic minorities, who are not aware of services and rights to participate, and are frequently excluded from entry into the service delivery system. Insure that policies are in place to monitor discrimination to older disabled women, women who are deaf, and disabled women in rural communities. The additional discrimination of minority status for these special populations require that programs provide earnest outreach.
- b. Develop statistics to show the participation and inclusion of disabled women of ethnic minorities in programs, and track the success of efforts to serve this population.

## **3. Training of Staff**

- a. Train rehabilitation service providers about the cultural differences and similarities of ethnic minorities.
- b. Train providers of services on techniques and sensitivity needed to serve specific populations.

## **4. Training of the General Public**

Both formal and informal levels of communication and education are important in overcoming the attitudinal barriers faced by disabled women of minority groups. The media, which includes television, radio, local newspapers, and magazines can educate the general public about the abilities and accomplishments of disabled women. We believe that the media is underutilized by rehabilitation service providers to explain the availability of services, e.g., where and how to access services, and what to expect from a service delivery system. We recommend that the media staffs be educated about rehabilitation, and that the potential of minority disabled women be highlighted.

In addition to formal channels, we recommend that the strong leadership and "networks" that currently exist in minority communities be utilized to educate disabled women. These networks include churches, special media programs, neighborhood leaders, day care centers, social clubs, social centers, and adult education programs.

Further channels of outreach to explain rehabilitation services are advocacy organizations and groups not traditionally involved with advocacy for disabled persons but can be resources for the service provider to reach out to the ethnic communities. These include State Civil Rights Commissions, labor groups, civil rights coalitions, school counselors, medical groups, civic groups, and sports groups.

## **5 Research**

Research which we believe to be important in the delivery of service to disabled women of ethnic minorities include:

- a. The special needs of subgroups within a culture. For example, the differences among Spanish-speaking individuals, American Indians, and Asian persons.
- b. The health care needs of undocumented workers.
- c. The National Council on the Handicapped made the ethnic minority disabled person a priority in their approach to needed research efforts through the National Institute for Handicapped Research and other federal and non-governmental groups. There is a need to pull together the research now available and also identify programs which have achieved success in serving the disabled persons from ethnic minorities.

## **6. Legislation**

We have no recommendations for new federal legislation. We recommend improved and realistic appropriations and enforcement of existing legislation and regulations which provide for the rights of disabled women who are from minority groups. The American Bar Association should be encouraged to include this group among others ABA considers vulnerable with respect to their civil and human rights.

## **Chapter Four**

### **By Joan Thompson Barker**

# **Women As Leaders In the Field Of Rehabilitation**

#### **The History of Women in Rehabilitation**

Women played a substantial role in the birth and evolution of rehabilitation and rehabilitation concepts, even though it "is usually perceived as a program developed and directed primarily by men."<sup>1</sup> History confirms that these women have come from a variety of roles, but have somehow managed to channel their energies and resources in a way which has been meaningful to rehabilitation as we understand it today. Roles have varied from volunteers, influential wives, heiresses, and entertainment celebrities to all types of professional women in federal and state government, facilities, charities and the private sector.

Rehabilitation in the United States first formally appeared around the early 1920's. Miss Regina Dolan conducted a study in 1918 for the Wisconsin Industrial Commission to determine the employability of disabled workmen. Following this significant study, she was hired by the Wisconsin Commission and the U.S. Employment Service to place disabled workmen into employment. Therefore, "she is regarded as being the first person to engage in vocational rehabilitation work as a full time public employee."<sup>2</sup> She worked in this capacity until her death in 1921. In an unpublished manuscript, E.B. Whitten, former Executive Director of the National Rehabilitation Association, has also cited Miss Dolan as the "person most responsible for the initiation of the National Rehabilitation Association."<sup>3</sup>

In addition to Miss Dolan, two women who were extremely important to rehabilitation in the formative years of the 1920's were Tracy Copp and Belle Greve. In 1921, Tracy Copp became a member of the special industrial

rehabilitation staff at the Federal Bureau of Vocational Education and remained in Washington, D.C., until after 1943 when the Office of Vocational Rehabilitation was established.<sup>4</sup> She was then named Assistant Director.<sup>5</sup> One of her most important career accomplishments was to plan, supervise, and analyze data documenting the success of the Vocational Rehabilitation program in 1928: **A Study of Rehabilitated Persons, A Statistical Analysis of the Rehabilitation of 6,391 Disabled Persons**. She continually did promotional work on behalf of the program in Congress and the states, supplied materials and instructions for upgrading programs,<sup>6</sup> stressed the close relationship of state workmen's compensation programs, and figured prominently in early meetings to debate the usefulness of establishing the National Rehabilitation Association.<sup>7</sup> After her retirement she helped to establish a Rehabilitation Center for Green Bay, Wisconsin.<sup>8</sup>

Tracy Copp has been described as an "objective, non-emotional" person whereas Belle Greve is described by some who have known her as a person of "great emotional investment in disabled people."<sup>9</sup> Educated as a lawyer, Belle Greve directed her energies toward establishing the Cleveland Rehabilitation Center through mobilizing local resources.<sup>10</sup> At the time this was "a revolutionary development since there was only one comparable program in the country, that being the New York Institute for the Crippled and Disabled."<sup>11</sup> The Cleveland Center provided vocational orientation and training, as well as a haven where disabled persons could have a sense of belonging.<sup>12</sup> Belle Greve also served as secretary for the International Society for the Rehabilitation of the Disabled in its early years, and aided this organization's growth of professional leaders in medical



and welfare fields worldwide. After World War II, UNRRA sent her to Czechoslovakia and Greece to help these governments restore rehabilitation services.<sup>13</sup>

Many other women figured prominently in America's rehabilitation movement; it is impossible to recognize all of them. Among those recalled are Alice Wullard Solenberger, a research worker whose data and articles, such as *One Thousand Homeless Men*, stimulated formation of rehabilitation efforts in various sections of the country;<sup>14</sup> and Miss Mary Baker, a rehabilitation supervisor in Mississippi, who in 1922 was pioneering in raising money, negotiating free medical attention, and generally developing rehabilitation programs for the state.<sup>15</sup>

During the late 1920's and the early 1930's, both lay and professional groups successfully advocated for "mother's aid" and the Sheppard-Towner Act which reflected concern about handicapped children and mothers working in industrial settings. (This concept later appeared in the Social Security Act.) Dr. Martha M. Eliot and her colleagues were also active during this time promoting medical approaches to prevent and deal with disability in early life. Although it is unknown to what extent her influence was felt, it is believed that in 1933, Frances Perkins, the Secretary of Labor, had an impact on negotiations that resulted in a transfer of \$800,000 to the U.S. Department of the Interior from the Federal Relief Administration. This allotment was earmarked for states to use in providing rehabilitation services to unemployed disabled persons.<sup>16</sup>

Mary Switzer began her career in 1922 as a grade two clerk with the Treasury Department just after graduating from Radcliffe College. In 1935 she became assistant to the Assistant Secretary of the Treasury Department, and in 1939 she advanced to the newly established Federal Security Agency. In 1950, at age 50, she became Director of the Office of Vocational Rehabilitation.<sup>17</sup> In his history of vocational rehabilitation, Obermann observes that, "in view of her many friendships and acquaintanceships and her capacity for arranging solutions to difficult problems, her occupancy of the office at this crucial time was fortunate."<sup>18</sup>

E.B. Whitten wrote in his memoriam to Miss Switzer that her, "breadth and humanity are stamped forever in the passage of Public Law 565 with its research and demonstration features, its mandate to construct necessary habilitation facilities, its totally new characteristics of international efforts and cooperation regarding rehabilitation, and perhaps, above all, in its expanded funding base for more personnel and programs for those in need of rehabilitation services."<sup>19</sup> On her personal abilities he observed that, "her many talents and experiences in economics, the legislative process, government administration, health, welfare and public education were only a few of her composite assets."<sup>20</sup>

Building networks of allies was an obvious strength of Miss Switzer, and one which she consistently mastered for vocational rehabilitation. Her friends included Tracy Copp, Belle Greve as well as entertainers such as Anne Bancroft, Claudette Colbert, Nanette Fabray, and Joan Fontaine, who were all enlisted to publicize the cause of rehabilitation.<sup>21</sup> Mary Duke Semans was a friend and heiress who provided finances from the Duke fortune for Miss Switzer's program ideas when other funds were unavailable or inappropriate and whose husband effectively influenced legislative efforts;<sup>22</sup> Nelson A.

Rockefeller was appointed Undersecretary of the Department of Health, Education and Welfare, a position that allowed him to make positive recommendations for vocational rehabilitation to his superior, Mrs. Oveta Culp Hobby, Secretary of HEW, during the Eisenhower Administration, which had previously been cautious and noncommittal.<sup>23</sup>

By 1950, Miss Switzer was providing leadership to a program that had expanded from rehabilitating "barely more than 50,000 disabled persons a year, to a quarter of a million persons a year," and, "she increased the federal budget for rehabilitation more than 20-fold during her years of service."<sup>24</sup>

In 1967, Miss Switzer was named as the first Division Head of Social and Rehabilitation Services.<sup>25</sup> She retired from federal service in 1970 to serve as Vice-President of the World Rehabilitation Fund until her death in 1971.<sup>26</sup>

Miss Switzer had served as president of the National Rehabilitation Association and was noted for promoting close coordination of public programs with voluntary programs and professional associations. She promoted vocational rehabilitation internationally through her work with the United Nations Economic and Social Council, the U.N. Social Commission in Geneva, Switzerland (1951) and UNESCO.<sup>27</sup>

One of Miss Switzer's closest friends during her career was Isabelle Diamond, her colleague and housemate for over 40 years.<sup>28</sup> Isabelle Diamond not only contributed to rehabilitation by supporting Mary Switzer, but after her retirement from federal service volunteered at the American Foundation for the Blind for almost 10 years where she served as editor of the *Bulletin of the American Association of Workers for the Blind*.<sup>29</sup>

Other women who were recalled as important and supportive of rehabilitation at this time were: Phyllis Francis, a program leader in the Office of Vocational Rehabilitation; Mary McDonald, who in 1944 authored *Federal Grants for Vocational Rehabilitation*; Muriel Zimmerman, whose expertise greatly increased the understanding of the functioning capacity of disabled people; and Kathaleen C. Arneson, who influenced recommendations which resulted in 100% federal monies being set aside from the President's contingency funds for use in rehabilitating Americans disabled in World War II action and internment camps.<sup>30/31</sup>

Miss Mildred Scott, Secretary of the American Federation of the Physically Handicapped, working with Paul Strachan, provided invaluable public relations work which resulted in Joint Congressional Resolution PL 176, 79th Congress, in August, 1945. This resolution established the President's Committee on Employment of the Handicapped and consequently the tradition of our National Employ the Handicapped Week.<sup>32</sup>

During the 1940's Tracy Copp and Mary Switzer were prominent in planning and holding a national conference on Rehabilitation for the Disabled. Around the same time Jayne Shover, who served as Deputy Director for the National Society for Crippled Children and Adults, was spearheading voluntary support of vocational rehabilitation in private centers and clinics. This organization was later renamed to become today's National Easter Seal Society. Ruth Grant was also active during this time as the editor of NRA's *Journal of Rehabilitation* and in developing regional activities for NRA.<sup>33</sup>

An American woman, Genevieve Caulfield, went to Japan before World War II and taught in a school for the blind until the war began. She then moved to Thailand where she received permission from their king to open a school for blind children. She later went to South Vietnam to open a similar school. This was among the first efforts to export America's expertise in rehabilitation.<sup>32</sup>

In the 1950's, Cecile Hillyer and Margaret Ryan worked under the direction of Miss Switzer to implement the new training programs of the Office of Vocational Rehabilitation. They reached out to universities and professional societies to train thousands of men and women for rehabilitation services. Also during this period, Dr. Eliz E. May, of Connecticut, was an educator who brought "information and insight" into plans for helping disabled people to gain or regain homemaking skills deterred through disability.<sup>33</sup>

Representative Edith Green (1965-75 - Oregon) guided the course of rehabilitation programs legislatively through her role in the House Committee on Education and Labor.<sup>34</sup>

Another outstanding leader who is recalled during this time is Mrs. Olive K. Banister, who served as Director of Cleveland's Vocational Guidance and Rehabilitation Services. In addition to building and administering this model program, Mrs. Banister has been known for her relevant testimony and influence in Congress, leadership in rehabilitation facilities, and programs and activities in NRA.<sup>35</sup>

By 1967, Emily Lamborn was employed by the Rehabilitation Services Administration as Director of State-Federal Relations. She drafted important legislation under the direction of Miss Switzer and in collaboration with Kathaleen C. Arneson. Their work culminated in the proposal for a compliance effort relating to the Architectural Barriers Act of 1968.<sup>36</sup>

Patria W. Forsythe began her association with rehabilitation as a volunteer interested in the deaf by lobbying the senate committee hearing rehabilitation and special education legislation. She joined the committee's staff in 1972, and eventually became an influential aide to Senator Jennings Randolph (House 1933-47, Senate 1958-present, West Virginia).<sup>37</sup>

The first female president of the National Rehabilitation Association was Vivian Shepherd (1957-58, Missouri). She was succeeded by two other women, Mary E. Switzer (1960-61 - Washington, D.C.); and Elizabeth H. Anderson (1978-79 - New York). Numerous women have also been of significant service to NRA in a wide variety of roles.

The consumer movement in rehabilitation became extremely important around the time of Miss Switzer's retirement. The priority for vocational rehabilitation had dropped to an all-time low in the nation and leaders such as Elizabeth Boggs, Eunice Fiorito, and Evelyne Villines are recalled as prominent in initial consumer advocacy. Hedy Oswald, of the Civil Service Commission, was familiar with the civil rights issues in the employment of handicapped individuals and contributed tremendously to the movement.<sup>38</sup> More recent consumer advocates who have helped to advance rehabilitation include Judy Heuman, Frances Lowder and Margie Sloan.

There are numerous women who could be mentioned in this era. With our inadequate histories it is likely that many will regretably be omitted until further work is

completed. Others who have been recalled as noteworthy include: Mrs. Miriam Stubbs, who contributed significantly in planning, public information, program development and administration for over 20 years in federal rehabilitation programs; university women such as Virginia Trotter and Fran Curtis; Joan Criswell in the area of research; medical doctors such as Dr. Kathleen Lloyd, Dr. Josephine Buchannan, Dr. Bernice Clark, Dr. Mildred Bateman, and Dr. Nina Covolt; leadership in federal regional offices such as Eleanor Smith, Thelma Schmones, and Martha T. Carrick; women in state agencies such as Marian Martin; public information specialists like Dorothy Rigdon who was the first editor of the Rehabilitation Services magazine for lay and professional readers (*American Rehabilitation*); Doris Margolis, and Betty Roberts (both former editors of the *Journal of Rehabilitation*); and leaders in the private sector such as Gini Laurie contributing in the area of spinal cord disabilities and Anne Carlson in the area of handicapped children.<sup>39</sup>

A review of Obermann as well as other historical accounts of vocational rehabilitation document that women were few in the field of rehabilitation, they came from a wide variety of roles and lifestyles, yet their impact on the formation and evolution of the field is absolutely immeasurable. We now look toward the future of women and their leadership in rehabilitation. As Kay Arneson recently observed, "what a wealth of talent and energy is being released as women of all ages, degrees of disability, backgrounds, and purposes move into the mainstream flow of rehabilitation activity!"<sup>40</sup>

#### The Current Status of Women

The U.S. Department of Labor projected that between 1975 and 1990, twelve million women would be added to the American labor force, reaching a total of over 48.5 million women.<sup>41</sup> Statistical analyses of labor force data indicated that unless major changes occurred to prepare women for entering the work force, they would continue to account for 78% of clerical workers, 62% of service workers, 97% of household workers, and 43% of sales workers. Nearly all secretaries in 1976 were women, as were 86% of file clerks, 85% of elementary school teachers and 97% of nurses.<sup>42</sup> Twenty-five percent of all employed women were in only five occupations -- elementary school teachers, typists, waitresses, sales clerks, and secretaries -- jobs which tend to pay low wages. Over half of all working women clustered in 17 occupations compared to 63 occupations for the same percentage of men.<sup>43</sup> This extreme occupational segregation is a large factor in the continuing wage gap which shows fulltime women workers earning approximately 59¢ for every \$1.00 earned by similarly employed men.<sup>44</sup>

In 1976 disabled women who had been rehabilitated earned 56% of the wages earned by rehabilitated, disabled men (RSA, 1978).<sup>45</sup> The International Rehabilitation Review (2, 1977) pointed out that the difficulties of disabled women in gaining an education and in obtaining rehabilitation services and disability benefits and allowances equal to those accorded their male counterparts, reflect the lesser social status of women throughout the world.<sup>46</sup> O'Toole, Corbett, and Weeks (1978) found that disabled women, like all women, have traditionally been employed in stereotypic categories.<sup>47</sup> Minority



women earn less than any other group of workers. In 1977 the median income of white male workers was \$15,230; for minority males, \$11,053; for white females \$8,787; and for minority females \$8,383. Based on the percentages above, it could easily be assumed that disabled women fall at the bottom of the wage scale.<sup>44</sup>

The median income of full time female workers has remained at approximately 60% of the male workers since 1967. This is actually a decline from the mid 1950s when women's earnings were approximately 63% of men's.<sup>45</sup> Even when men and women are in the same occupational groups, women earn less than men. In 1979, the percentage of women's earnings relative to those of men in the same occupational group was 70% for professional and technical workers, 60% for managers and administrators, 52% for sales, 63% for clerical, 61% for craft, 61% for operatives, and 68% for service workers.<sup>46</sup> The Department of Labor statistics found in 1979 that female college graduates actually earn less than men with an eighth grade education.<sup>47</sup> Nevertheless, as might be expected, the more education a woman has the more likely she is to be in the labor force. Seventy percent of all women workers in 1972 had at least a high school education, and one in eight was a college graduate. The median income for female college graduates in 1972 was \$5,551; for male graduates in the same occupation \$8,617.<sup>48</sup>

At the same time that women face inequitable economic and occupational struggles, traditional patterns of America's marriage and family are changing. In 1979, women comprised 44% of the paid workforce; 51% of all women over age 16 worked outside the home for pay.<sup>49</sup> The age of first marriage is being postponed; in 1970, 40% of women aged 24-29 were single.<sup>50</sup> Family size was shrinking; from 1970-1978, the average number of children in families dropped from 2.3 to 1.9.<sup>51</sup> At current rates 40% of all marriages will end in divorce.<sup>52</sup> In 1978, 57% of all married women with school age children were in the paid labor force, as were 42% of all married women with children under six years of age.

This is equivalent to 48% representation for married women generally.<sup>53</sup> The Department of Labor estimates that nine out of ten women will work at some time in their lives.<sup>54</sup> It is estimated that in the "average" family, the services provided by women working full time in their homes would cost approximately \$35,000 per year if obtained commercially.<sup>55</sup> The average wife employed full time outside the home contributed 38% of her family's income in 1978,<sup>56</sup> and did most of the chores at home as well.<sup>57</sup>

Families with a female head are increasing in our society. Divorce and separation are forcing many women without wage-earning skills into the primary support role for themselves and their children. Unless a woman has adequate alimony or other sources of income, she faces financial difficulty in this role. Yet in divorce actions, 50% of the women involved do not receive alimony or child support, and for the other 50% who do have such court orders, the median payment is approximately \$1,300 per year. The preliminary version of a report from the General Accounting Office found that the combined average monthly income of women and children receiving both welfare benefits and earned income in 1975 was sometimes less than \$300 a month, whereas the median income of the man who had separated from them was about \$800 a month.<sup>58</sup>

Society continues to demonstrate an unwillingness to accept the real reason why women work, but women work because of economic need, just as men do. Two-thirds of all women workers are either single, divorced, widowed, or separated, or have husbands who earn less than \$7,000 per year.<sup>59</sup> The National Advisory Council on Economic Opportunity predicts that if present trends continue, the poverty population will be composed solely of women and their children by about the year 2000.<sup>60</sup>

Volumes have been written to objectively and subjectively document discrimination in our present society for women in education, employment opportunities, equal pay for equal work, upward mobility in employment, maternity leave and re-entry, insurance coverage, pension plans, social security, taxes, credit, support services, and employment perks which can sometimes double an individual's pay. Any woman can use denial in some degree to ignore the status of women today, but no woman can completely escape the consequences of discrimination. Men are also shortchanged by this inequality which pushes them into culturally dictated, stressful roles and nets a loss of human resources and positive relationships for everyone.

The personal toll of women living in our present situation is enormous. Phyllis Chesler expands on this theme in her recent best seller *Women and Madness*.<sup>61</sup> Brown and Harris in their recent work on depression have documented that one third of all women are suffering from a clinically documented psychiatric disorder or are borderline under accepted clinical criteria. Four situational factors in particular made women more likely to react with a depressive disorder to stress: "having three or more children under 14, lacking an intimate relationship with another adult, loss of mother before age 11, and not having employment outside the home." Depression is also exhibited by a significant increase in poor working class women (23%) as opposed to middle-class women (6%).<sup>62</sup>

One would logically suppose that our American society would recognize the drain that this existing, unhealthy situation is for our economy, not only in terms of human waste, but in terms of costly social and medical care. Yet rehabilitation, education, mental health, and employment programs have never adequately addressed these issues in any significant manner. Former Congresswoman Martha W. Griffiths (Michigan, 1955-75) describes the prevailing view of Congress as believing that every woman is born to a rich father who gives her in marriage to a rich husband, who in turn thoughtfully dies ahead of her leaving her well provided not only with money but also with tender, loving sons.<sup>63</sup>

Women must be the first to claim their share of the responsibility for their own status. Yet studies of voting patterns in the United States, Britain and many other countries show that women are less likely to vote than men.<sup>64</sup> Today's woman may believe that women as a whole are an active group politically, but from a historical point of view the current activity of women in politics is, to put it mildly, disappointing. The exclusion of women from political forums is evidenced by the under-representation of women in national legislatures, a figure which has remarkable cross-national stability. It is only in times of war that the proportion of women rises to approximately 3%, again a figure with considerable cross-national consistency.<sup>65</sup>



Feminists of the 60's and 70's have admirably devoted a great deal of energy to the passage of the Equal Rights Amendment. However, we often get the misleading impression that this is a new and progressive movement. In fact, after the passage in 1920 of the Nineteenth Amendment to the Constitution giving American women the vote, the National Women's Party took the view that the vote was only a beginning and announced that women were still "subordinate to men before the law." They were able to get an equal rights amendment introduced in Congress in 1923, and every succeeding year until 1972, when it was passed.<sup>70</sup> It is yet to be ratified. Thirty-five of the 38 states required for ratification have voted for the amendment as of February, 1982. The deadline for ratification is June, 1982.

The women's liberation movement of the 60's grew out of the radicalism of the student left, the civil rights struggle and the peace movement. From the beginning of this movement the position of women attempted to deal with more emotional issues than the earlier feminists. Consciousness raising as a political activity emerged around 1960 with the realization of feminist groups that the status of women was a cultural structure problem and not an individual neurosis. Consciousness raising groups attempted to deal with issues such as relationships, marriage contracts, the economic and emotional poverty of housework, etc. Although these realizations are necessary for women to gain the insight that they are, in a sense, collaborators in their own oppression, consciousness raising without political activism is inadequate. Politics, in any and every sense, on all levels of leadership, is about power, and it is as much about the powers that men, wittingly or unwittingly, exercise and hold over women as it is about the power that presidents and prime ministers wield over nations.

### The Law

The most significant legislation since American women gained the vote in 1920 is the 1964 Civil Rights Act, Title VII, which includes sex as an illegal grounds of discrimination. The story behind the addition of the word "sex" to this bill reflects the absolute hysteria and hypocrisy of feelings which surround these issues. The Civil Rights Act was originally conceived to deal with the civil rights of racial minorities. When presented to Congress the octagenarian southern congressman Howard W. Smith of Virginia inserted his little "joke" into the highly charged debate in an effort to split the liberal vote and dispose of the bill.<sup>71</sup> Therefore, "sex" was accidentally incorporated into the forms of discrimination prohibited by Title VII.

Consequently when women were associated or mentioned as a part of the civil rights movement, it caused deep emotional responses. The most famous was Stokely Carmichael's well publicized dictum that "the only position of women (in the civil rights movement) is prone."<sup>72</sup> It was in these years that it became functionally necessary for women to move forward into groups of their own.

In 1963 The Equal Pay Act was passed. This law is enforced by the Department of Labor, Hour and Wage Division; whereas Title VII is enforced by the Equal Employment Opportunity Office. Congressional studies have shown that less than half of the back pay that the Labor Department has found to be owed to women due

to violations of the Equal Pay Act have actually been paid. Similarly the Equal Employment Opportunity Commission is so understaffed that its backlog of Title VII claims presently exceeds 65,000 cases.<sup>73</sup> Employers have saved significantly over the past 10 years by violating these statutes. When they are forced to pay retroactively they try to stick unions with half of the back pay. Of course, this cannot be done for "front pay."<sup>74</sup>

Executive Order 11246 was issued in September, 1965, and amended in October, 1967, to prohibit, with certain exceptions, federal contractors from discriminating on the basis of race, color, religion, sex, and national origin. This law is implemented by the Office of Federal Contract Compliance, which has never terminated a federal contract because of sex discrimination.<sup>75</sup>

Title IX of the Educational Amendments of 1972, is the federal law which prohibits sex discrimination in education programs receiving federal financial assistance. Although this law prohibits discrimination in areas like professional education, vocational education, and job counseling, the primary furor over Title IX centers around the highly charged emotional feelings of sports education. The mandate for equalization of money and accessibility into male and female sports has met with continued media coverage and vocal hostility.

The law is certainly a most substantial way to combat discrimination. However, Margaret J. Eates in her paper on occupational segregation and the law, concludes that "though legislation and the legal system have seldom created occupational segregation, they have often reinforced it. Only in the past five to ten years have legal remedies to break down gender related barriers in the work force been devised. At the same time, she notes, the legal profession has remained male-dominated."<sup>76</sup>

### Economics

There are various sophisticated economic theories explaining the present status of women. However, what is basically evident in all of the theories is that, for the time being, America's economic stability is dependent on the discrimination of minority groups. To change our system would undoubtedly create major chaos and require considerable adjustment. However, considering our present loss of human potential, perhaps such change is desirable and would significantly improve our economy and lifestyle.

Economists Ferber and Louiry conclude that "should a more equal distribution of unemployment rates between different groups occur, many would decry the higher incidence of unemployment among heads of households. But perhaps by then we shall have outgrown the view that a household with two adults has a 'head' and a 'dependent.' It is nevertheless likely that a high unemployment rate among white males would be less politically acceptable than a high rate for other groups and would lead to greater efforts to reduce overall unemployment. This might be done with less attendant inflationary pressure if the labor market were less segmented, for then we would no longer be confronted with full employment in one sector and high unemployment in others. Thus, the disappearance of the reserve army of the unemployed might not be such a painful experience after all."<sup>77</sup>

## Current Status of Women in Rehabilitation

Although very little research has been done in the area of women and rehabilitation, adequate information has been documented to conclude that the status of women in rehabilitation, as well as the status of disabled women, is indeed a microcosm reflection of the general status of all women today. This situation inevitably affects both the administration and the delivery services in the entire field of rehabilitation.

In 1977 the ratio of male to female counselors in state rehabilitation agencies was almost two to one while the ratio of male administrators to female administrators was four to one.<sup>9</sup>

Barker and Disponett (1977) found that there were not significant differences in demographic characteristics of men and women except in the area of race and education. Women were likely to be younger than men; less likely to be handicapped than men; less likely to be married than men; and likely to have fewer dependents than men. Men and women were both likely to be Caucasian although the trend indicated that more women than men in management positions were likely to be black. In the area of education both men and women were likely to have master's degrees.<sup>10</sup> The Michigan Rehabilitation Association's Task Force Study found demographic data consistent with this except in the area of education where women MRA members were likely to have less education than men.<sup>10</sup>

The findings that the female subjects were less likely to be married than males and have fewer dependents are consistent with national trends. In fact, the number of women professionals who never marry is more than twice the national average (U.S. Department of Labor).<sup>11</sup> It appears that women in rehabilitation management, like women in all types of management, are more likely than men to choose between a family or a career.

The study by Barker and Disponett further indicated that women had significantly less work experience than men within their present vocational rehabilitation agency, in vocational rehabilitation administration, and in total work experience. However, men and women were not significantly different in the amount of time they spent in direct vocational rehabilitation services.<sup>12</sup>

Their findings that women were younger and have less work experience than men is the opposite of findings concerning women managers in private industry. There are a variety of possible explanations for this finding. One explanation that might be considered is the possibility that private industries use different criteria for promoting women into management positions than state rehabilitation agencies.<sup>13</sup>

The statistically significant findings that women in their sample were younger, had less total work experience and less administrative experience than men, yet had worked in direct services approximately the same length of time as men also raised the possibility that women in state rehabilitation agencies have only recently begun to enter management positions. Perhaps those who do enter are entering at approximately the same period of their career as men. If this interpretation is accurate, one of the questions it raises is whether or not the older female in rehabilitation who has worked in direct services for many years is less likely to move into management than her younger, less experienced counterpart.<sup>14</sup>

In the area of service interruptions, more women (17.7%) had service interruptions than men (5.8%). This difference produced chi square of 14.99 (1 df) indicating that women were more likely to have service interruptions ( $p .01$ ). When service interruptions were broken down into categories, data indicated that the only category in which women had significantly longer interruptions than men is pregnancy. Of the women sampled, the mean service interruption for pregnancy was .07 years and .02 years for child care. These data reflect the fact that a large number of women in the sample did not have children. For both men and women "another job" was the category with the highest mean service interruption. In general it appeared that neither men nor women had many service interruptions. This is an interesting finding in view of the often held attitude that women cannot be good managers since they are likely to have extended service interruptions.<sup>15</sup>

Their findings also indicated that in the areas of budget responsibility and salary, which are often considered to be indicators of power within an organization, men were more frequently responsible for larger budgets than women and were more likely to be in the higher salary ranges than women.<sup>16</sup> The Michigan Rehabilitation Association study reported a mean income of \$20,000 to \$29,000 for the average male MRA member and a mean income of \$15,000 to \$19,000 for the average female MRA member.<sup>17</sup> Subjects were also asked by Barker and Disponett to indicate the number of personnel supervised which is additionally considered an indicator of power within an organization. Their findings were consistent with Lyle and Ross' study (1973)<sup>18</sup> which showed that even when men and women were matched on the basis of number of employees supervised, female salaries remained lower than male salaries.<sup>19</sup>

Given the findings that women in their sample had less work experience in their agencies, another factor which might be considered regarding the lower salaries of females in the sample is the standardized salary policies that most state agencies use which result in across the board salary raises according to occupational category and/or longevity. Consequently a male who had been a supervisor for ten years would be making more than a female who was in the same job category for three years.<sup>20</sup>

Male and female rehabilitation managers differ somewhat in their patterns of participation in professional organizations. Women who do belong to organizations were more likely to belong to the National Rehabilitation Counseling Association, a division of NRA, than men, and men were more likely to belong to the National Rehabilitation Administration Association, also a division of NRA, than women. It would appear, consequently, that for social, psychological, or cultural reasons females are more likely than males to maintain the counseling organization as their professional reference group even after entering management. A further study of the factors involved in this finding could provide valuable information concerning such things as career perceptions, peer group relationships of women in management, career goals, etc.<sup>21</sup>

Barker and Disponett conclude that the combination of significant differences documented in these data leave little doubt that women either do not have access to or do not pursue equal levels of participation with men in



rehabilitation management. If rehabilitation agencies are to make practical decisions directed toward full utilization of professional staff and full delivery of services to handicapped clients, additional efforts to further an equalization of opportunities and pursuit of those opportunities are necessary.

Although technology, timing and economical factors affect social change, we must recognize that the everyday decisions and choices that workers make as individuals and groups play a tremendous part in determining social roles. Both rehabilitation professionals and their clients contribute to the decision and choices which determine sex roles in our society and both are bound by the role definitions that consequently emerge. Until our knowledge advances to a point where we can realistically understand whether significant differences between men and women workers are biological or cultural we will continue to make decisions for ourselves and those we manage with incomplete information.

Through a more knowledgeable perspective we would be better prepared to determine what it is possible to change, what we would wish to change, and what changes might contribute to more constructive management for the field of rehabilitation.<sup>21</sup>

American women have definitely made progress toward equal opportunity and liberation over the past 100 years. However, before our generation applauds their own efforts, we must be reminded that other generations have made greater progress and that there are indeed periods of regression, and no promise that we will naturally move forward. Our society is currently enumerating the problems faster than we can find solutions. We must therefore assess our situation, our opposition, our dormant power, our opportunities and move forward to accept responsibility for ourselves as individuals.

Women today enjoy the products of industrialization and automation. They are freed as never before by methods of birth control and family planning. We have access to a wide array of service providers to assist us in daily living. The genie is out of the bottle, and women will never "go gentle into that good night." (Dylan Thomas, 1952)<sup>22</sup>

### Culture and Child Development

A prime question to explore is where and when do our attitudes about male and female roles begin? How are they sustained and how can or should they be altered to create a strong, healthy, productive society?

Research on play patterns supports the suggestion that boys enjoy the company of male society more than girls enjoy an elaborated female social structure. There is ample evidence that from an early age, boys tend to congregate in groups and girls tend to play in dyads.<sup>23</sup>

Boys appear to find each other more attractive as playmates at an early age. One study involving eighteen month old children revealed that boys hugged, stroked, and kissed each other, but girls did not. By age three, when they were reobserved, the more affectionate male behavior took the form of rough-and-tumble play. It is hypothesized by Lipmann-Blumen that "this transformation of natural affectionate behavior into aggressive rough-and-tumble behavior is one way of protecting valued males from falling into the (wasteful) trap of

homosexuality. (The taboos against lesbianism are not nearly as stringent, partly because female roles are seen as potentially dispensable, or at least less valuable in our society.)"<sup>24</sup>

Current knowledge about possible sex differences in basic intellectual abilities suggest that such sex differences are not sufficient to explain the extent and degree of sex-stereotyped patterns of educational participation and achievement. A recent review of available research on possible sex differences in intellectual abilities concludes that:<sup>25</sup>

There are no differences between females and males in basic learning styles: both sexes are equally able to perform rote learning tasks and tasks requiring higher level cognitive processing.

Girls receive higher average scores on measures of verbal abilities than boys, beginning about junior high school age.

Boys receive higher average scores on spatial visualization (the ability to rotate mentally objects in space) than girls, again beginning about the junior high school years; at least one study suggests that this difference disappears when the number of years of mathematics completed is equal for students of both sexes.

With the exception of these two differences, there appear to be no other consistent differences between females and males in intellectual abilities.

The differences which do not exist are average differences; there is much overlap between females and males in both areas. Even for those differences which do exist, there is no agreement as to source; a variety of possible causes, both social and biological, have been suggested.

Sex differentiated patterns of educational participation and achievement may result in large measure from socialization which perpetuates cultural stereotypes of appropriate roles, behaviors, and abilities for females and males.

For example:

A number of reasons have been suggested for the early performance deficit of boys in reading achievement. These include differential maturation rates of females and males, reader content, and negative treatment by female teachers. Recent research suggests that cultural expectations regarding male roles may be a significant factor. In our society, where the male role is physically active and oriented toward external achievement, more sedentary pursuits such as reading may be perceived by young boys as "feminine." In Germany, where reading and scholarship are valued as "masculine" activities, young boys surpass young girls in reading achievement.<sup>26</sup>

Differences in mathematics achievement emerge at an age when parallel differences are seen in the percentages of females and males perceiving mathematics as interesting and likely to be helpful in career fields, and as an appropriate area for female achievement.<sup>27</sup>

The concept of rules and what they signify is a drawn out learning process which boys have begun to understand by about age nine. By the time boys reach their mid-teens, rules have become second nature, and their impulse is to test them just to see whether penalties ensue.



Teenage boys take chances on the playing field and in everyday life, but knowingly, experimentally."<sup>97</sup>

Most girls don't learn the same concepts. Games like dolls, jump-rope, hopscotch and jacks have rules, but no one is really playing with or against each other. In fact, the main rule in little girls games is "don't touch the crack, the other jack, the rope or each other." Girls could as easily perfect their skills alone, or by turns; since they are engaging in an isolating, solitary activity.<sup>98</sup> For girls there are no umpires, no officials, no opposing team, no rule books, no enthusiastic coaches, no television playoffs, and generally less total re-enforcement for perfecting skills and learning rules. Is it any wonder that men have raised such furor over the proposed enforcement of Title IX of the 1972 Education Amendments which threatened their exclusive rights to this training resource?<sup>99</sup>

Team sports offer two positive elements to males; first, the enjoyment of physical contact with other males and second, the power of strength that comes with numbers. Blumfield and Remmers, in a study of 2,000 high school students ages 14-17, found that, even in terms of spectator sports, from a possible eleven choices boys selected the contact sport of football as their favorite, while girls more often chose basketball or baseball. This suggests that even when watching a game, boys prefer a game that involves more body contact among males.<sup>100</sup>

It is no accident that 80% of businessmen who comprise today's chief executive offices told *Fortune* magazine some years ago that football was also their favorite spectator sport.<sup>101</sup> The physical emphasis in football may spur initial interest, but the modern American game, dominated by the forward pass, is primarily a mental conquest. The game emphasizes speed, precision, timing, throwing, deception, planning and endurance. It is essential to master every one of these concepts to be successful in the workplace.

Other studies reveal the early onset of males greater interest in power and resources than that evidenced by females. Ables studied wishes of latency-age children and found boys more often wish for money and material objects, while girls more often wished for another individual.<sup>102</sup> A model which well illustrates this concept is the all-male structure of the Mafia. Territoriality, dominance, resource acquisition, and loyalty characterizes this extreme example. Women are excluded, not because they are seen as potential competitors, but because they are irrelevant. Wives and daughters are to be protected from the realities of the male world while some women are used as media (i.e., prostitutes) for acquiring more resources.<sup>103</sup>

Booth has documented that men belong to more voluntary groups than women. Women's clubs are often means of keeping occupied, (i.e., auxiliaries) until the main act begins and men re-enter the scene.<sup>104</sup>

Women are segregated into occupational ghettos because their lack of resources make them less useful and less interesting to both men and to other women. Merely by ignoring the existence of women outside the domestic, sexual, and service realms, the male world relegates women to the sidelines of life.<sup>105</sup>

#### **The Individual Decision**

Since our society is defined by the actions of in-

dividuals, each of us must accept responsibility for the path we choose for we all, individually and collectively, must ultimately live with the consequences.

As each individual grows to maturity, they gain the insight and experience necessary to understand on some level what their needs, wants, powers, talents and limitations are. With maturity we attempt to balance and hopefully relate our internal self with the outside world. We bring with us our own self-image, our script from the past,<sup>106</sup> and our dreams for the future. All along this path we have opportunities to choose roles. From early childhood on, all of us will frequently experience the follower role. At some point everyone will also have the opportunity to lead. Some will grasp leadership opportunities and some will reach out for leadership roles more often than others.

The choice between following and leading is a personal choice which must be made constantly. Both roles can be skillfully used to effect change, and neither role must be devalued. Although our leaders are often the individuals who draw more recognition and material awards, we must remember that responsible followers represent the very glue that has built our civilized world.

As we make choices on what role we are capable and willing to play, we will learn and re-learn that every role as well as every win and loss, has its rewards and its penalties. For this reason, an individual must cast their lot based on their total gestalt of self, take their chances, and expect to deal responsibly with the consequences. We must also understand that it is not possible to avoid decisions affecting our fate since, as the cliché goes "not to decide is to decide."

The most basic quality of any leader, whether conscious or unconscious, is the belief that they want to and perhaps can change their own world and/or the world around them. As they try to do this they must learn to negotiate with others and develop skills in dealing with groups, which is the place where leadership happens. A combination of willingness and skill, as well as the fate a person encounters will determine the quality and impact of a leader.

Men's experience in team sports and the military give them a wealth of experience with groups and organizations before they ever even enter the workplace. The map of the territory is already in their head because they have been playing with miniature models all their lives.

A part of this experience has given men the great advantage of numerous role models throughout their lives. Women have a great disadvantage in their early experience and their accessibility to varied role models. In fact, women who have made great strides in politics during our lifetime have usually had to adapt to male role models. It has been observed that three characteristics shared by the most noted female political figures of today are: they have not generally been feminist in motivation, they enter politics in the footsteps of a father or husband, and they are not especially prone to be left-wing in orientation (i.e. Indira Gandhi).<sup>107</sup>

Women in rehabilitation have also suffered the absence of role models which is typical to most professions. Although there have been significant female leaders in rehabilitation, they have been few proportionately. These women have generally been too far removed from their younger female colleagues to be frequently observed as

they lead and relate to others. Hopefully, this situation is destined to change!

The most essential thing to be learned from role models is how they seem to integrate their role and activities with their own personal existence. They already have the experience that a novice pays for so dearly, and they have learned to roll with the punches, to resolve their wins and losses, and yet to maintain a strong self-image.

Leaders go through developmental stages which correspond to the natural development stages of life. In the early years we will naturally look for the best role models available, and somewhere around our 40's most of us will begin to serve as role models (i.e., mentors and/or sponsors) for others.<sup>109</sup>

Women, in general, have a lot of catching up to do. Due to their experiential deprivation, they have somehow failed as a group to understand the fundamental mechanics of leadership. We must begin to assist one another in learning these basics whenever possible and reach out for every opportunity to perfect our skills in using them.

### The Mechanics of Leadership

Women are generally as unfamiliar with the basic tools of leadership as they are with a monkey wrench. Men are "street-wise" about group dynamics; they understand without question that you don't get upset when you're pulled from the game, you learn to take advantage of the psychological moment, and you never disagree with the coach on the field.

Leadership can only take place in groups — formal and informal — small, large and multiple. Therefore, an understanding of basic group dynamics, conscious and unconscious, is essential to master leadership. A simple, theoretical framework is helpful to initially use and continually refer to in attempting to understand group dynamics. The Tavistock Model is such a framework which explores the nature of authority and the interpersonal and intergroup dynamics encountered in its exercise.<sup>110</sup> Although the Tavistock Model was designed to use by learning leadership through experience, we can review the basic tools of leadership by referring to some of this model's basic concepts.

Every group generally forms or is formed with an overt or "primary task", the task it must perform to survive.<sup>111</sup> The primary task of the group, such as rehabilitating individuals, is usually assigned by a recognized authority in a formal group or by integrated function in informal groups (i.e., as evacuating the building when there is a fire). Groups also have covert tasks which reflect the emotion of the group and are referred to as "basic assumptions."

Therefore, groups always behave on two different levels simultaneously. At the manifest level a group meets to perform a specific task; at the same time it behaves as if it had made one of three discrete assumptions: to reproduce itself (i.e., pairing); to obtain security from one individual upon whom its members can depend (i.e., dependency); and to preserve itself by attacking someone or something (i.e. fight) or by running away (i.e., flight). The work or task group meets to perform a specific or primary task while the basic assumption group is dealing with the groups emotional life through pairing, dependency or fight/flight.<sup>112</sup> If unrecognized, basic

assumptions tend to interfere with the ability of the group to accomplish the task for which it has met. Dr. Garrett O'Connor has emphasized in his article on, "The Tavistock Method of Group Study," that the basic assumptions are "as if" terms. "That is, a group when living in basic assumption life behaves as if such and such were the case when, in fact, the reality of the situation would argue otherwise. Because the basic assumptions are functions of primitive fantasy, and therefore largely irrational, they are the enemy of reason and the saboteurs work."<sup>113</sup>

To maintain leadership in a group, one must be able to balance leading the group in the primary task of survival while at the same time allowing the basic assumption group to deal with issues of the group's emotional life. In order to meet the primary task of survival it is necessary to harness the energy of the basic assumption group toward completing the primary task.

Dr. O'Connor explains that, "Each kind of group has specific behavioral characteristics. The work group keeps its task clearly in mind and can continuously define and redefine it as necessary...They meet because of their common interest in getting the job done and are prepared to dissolve the group when the work has been accomplished. The members engage in thought at a rational level and are willing to subserve their needs for emotional gratification in the interests of the task. But work groups rarely, if ever, exist as such for any length of time. Their consistency as a behavioral mode is constantly jeopardized by the impatient stirrings of the basic assumption lurking beneath the surface.

"The boundaries between basic-assumption groups and work groups and between basic-assumption groups themselves are, of necessity, vaguely defined. Sometimes they blur and blend themselves together in a mixed melange; at other times they may exist separately, but with one another of them threatening to reach the ascendancy. The analogy can fairly be drawn between the terms work and ego, basic assumption and id."<sup>114</sup>

When a group behaves in a way that expresses an interest in preserving their emotional security, we know the group is in dependency. Omniscience and omnipotence are attributed to the leader, while group members act as if they are helpless. Individuality is lost in this group and members refuse to recognize their individual competence to do work. Their anxiety builds as they become increasingly fearful of being engulfed by these unknown group forces and they quickly displace their anger onto the leadership which is quickly discredited and destroyed. Excessive power has been attributed to the leader as a way of denying that power possessed by the members themselves.<sup>115</sup>

Dr. O'Connor notes that, "Groups operating under the basic assumption of fight/flight behave as if they are being attacked, or as if they themselves are about to attack. Their mood is militant, and their aim is action, of any kind. Fights between members and the leader, and between the members themselves, characterize this phase of group life. In the fight/flight configuration, victims are to be expected and casualties are ruthlessly abandoned. The expectations of the leader are that he will identify the enemy and arrange for his defeat. Alternatively, in times of high stress, the group members anticipate that the leader will deliver them from the forces of treachery and danger. Compared to the caring atmosphere in the



dependency group, the fight/flight group shows no concern for the well-being of individuals. Survival of the strongest is the rallying cry of the members. Again, the behavior would seem to be a defensive facade erected to guard against fears of violence and destruction. Functions of protection are still located in the leadership, but the posture of helplessness on the part of the members is replaced by a stance of militant arrogance, which again, subsumes any notion of individual responsibility.

"The third basic assumption is that of pairing. Here it is assumed that two people in the group will somehow collaborate to produce a messiah, or a messianic ideal which will usher in the dawn of a new and better world. The presence of a pair is outside the conscious awareness of the members but is deducible from the atmosphere of hope which pervades the group. The pair need not be heterosexual in composition, although the basic assumption implies that a symbolic sexual union will occur for the purpose of reproduction. It is important to keep the identity of the pair hidden from awareness because the affect of hope traditionally dies at the moment of its fulfillment. The messiah, if he is to be preserved as a harbinger of better things to come, must remain in an unborn state. Pairing occurs at a point when the group members are totally disillusioned with themselves and with their leader. The hope for the future is a defense against the experience of despair in the present."<sup>14</sup>

Both basic assumption groups and work groups have leaders. This leadership usually is manifested in different individuals, but can sometimes be the same person or persons. Leaders are most powerful when they can harness the energy of the basic assumption group toward completing the task of the work group. At such times basic assumptions are tolerable or even complimentary to the primary task and, consequently, to group survival. For example, our clients must be somewhat dependent for a time until their rehabilitation plan is underway. This basic assumption fits with our primary task of rehabilitation for a time. In contrast, it would be disastrous for a football team to walk onto the field believing that the coach or the quarterback could take care of everything during the game. A football coach must know how to instill fight/flight in his players in order to win.

Dr. O'Connor has observed that the relationship of these group states of mind to the task is obvious. "In the work group, gratification is derived from a spirit of mature cooperation among the group members and a feeling of accomplishment from a job well done. On the other hand, by letting their fantasies reign supreme, the group members manage to avoid the hard work and responsibility inherent in task performance. Basic-assumption behavior can therefore be thought of as a regressive mode of existence in the group setting.

Dr. Wilfred R. Bion, who originally conceived this model to explain group behavior, felt that, "Group members are more afraid of being overwhelmed by basic-assumption life than they should reasonably be and therefore postulated that making the assumptions less fearful and more familiar by the process of interpretation would increase the capacity of a group to engage in mature work behavior." This is where leadership enters the scene and become a necessity for the group. "At one level, Bion's thinking about groups focuses on the relations of the group to the authority of the leader. His theoretical constructs are an attempt to define the

group's expectations of leadership." A.K. Rice, who later expanded this original work, "defined work leadership functions as having to do with the identification of boundaries surrounding the task and the control of transactions across them."<sup>17</sup>

The above concepts are essential to understand in assessing what is happening around us and what ingredients may be needed to lead any given group or organization at any given moment.

We must also combine with this knowledge, a knowledge of where we stand as potential leaders and what tools we must have. This requires an understanding of the following concepts:

**Personal power:** a sum total of assets and resources an individual can accumulate or access.

**Authority:** the right to do work. Authority is usually given by the group itself (i.e., citizens electing a governor or students attending a university). The source and the amount of authority varies but how it is translated into action determines the effectiveness of our institutions.

**Responsibility:** involves accepting and dealing with the consequence of one's actions.

*NOTE: Authority can be delegated, responsibility cannot. When authority is delegated to a subordinate, the individual or organization in authority remains invested in a shared responsibility.*

**Leadership:** the art and science of harnessing power and resources toward the goal of some task, rational or irrational. A leader must be able to carry his followers with him, inspire them, make decisions on their behalf, with or without their collaboration, and communicate the decisions to others. He has to be able to act in ways that will not only further task performance, but enlist the cooperation of his followers by mobilizing the appropriate basic assumption."<sup>18</sup>

**Boundaries:** the real or conceptual lines which define something (i.e., a person, group, sub-group or organization) and separate or distinguishes it from its environment.

**Roles:** a part to play which is defined, either consciously or uncsciously, by boundaries.

**Valence:** an individual's personal style. This is a term used to refer to an individual's readiness to enter into combination with the group in making and acting on basic assumptions."<sup>19</sup>

**Small groups:** consists of 12-15 members or less, but more than one individual, and must not contain more members than can sustain continuous and close personal relationships. It is usually thought of as a "face-to-face" group."<sup>20</sup>

**Large groups:** are defined simply as groups in which face-to-face relationship are no longer possible."<sup>21</sup> Large groups exhibit the same behaviors as small groups, but become infinitely more complex with new phenomena of behavior. In large groups "sides" are taken spontaneously, existing sub-groups adhere and split, other fractions are formed for apparently irrational reasons, and the individual experiences gain and loss of support.

**Intergroups:** two or more groups inter-relating and negotiating with one another. This is the point where representation enters the picture and individuals or



components of a group must exercise responsibility on behalf of others.

**Organization:** is a group or usually a series of subgroups which has a recognized primary task and can be defined by its imports and exports; that is by the manifestation of its relations with its environment. The assumption is made that the organization of any enterprise or institution, or parts of it, can be accommodated to this basic model.<sup>121</sup>

**Import/Conversion/Export:** the purpose of an organization regardless of how well defined, is to take raw materials of some kind, process these materials and produce a product, a process which ultimately defines that organization (i.e., individuals with disabilities converted to individuals successfully rehabilitated).

**Resources and Constraints:** resources provide, or facilitate, the activities through which intakes are converted into outputs. The resources required for any task performance are ultimately human and physical even though automation may be utilized. The extent to which resources exist or do not exist constitutes the major internal constraint on task definition and performance.<sup>122</sup>

Once we realize where we are, what our own potential is, and what tools we will need, we are ready to try our wings as leaders. The best way to perfect our skills is through experience; exactly the reason that the Tavistock Model is a model designed for learning through experience.

As A.K. Rice noted, "Knowledge derived from experience is hard to transmit, except by example (i.e., role models), imitation, and trial and error, whereas erudition (knowledge about) is easily put into symbols -- words, graphs, maps. Now this means that skills, though transmissible to other persons, are only slowly so and never truly articulate."<sup>124</sup> Put simply, we must learn by doing and develop some perspective of relativity since the rules change constantly.

#### Leaders in Action

We have all surely realized on varying levels that leadership is a moving function of life. We must be fast on our feet, like Muhammad Ali who danced about the ring to avoid and roll with the punches of his adversary while positioning himself to time and deliver his own fatal blows.

If we use Tavistock or any comparable concepts to assess our arena, we can get an aerial view of the situation to use as a roadmap for our travels. Vance Packard points out in *The Pyramid Climbers* (1964) that you must diagram your situation to gain an aerial view of where you are and where you can go.<sup>125</sup> Competence and professional skills alone cannot assure you of leadership!

The rational task oriented group will always choose a leader who can deliver the product and assure the group's survival. The basic assumption group will always look to the leader who can make them feel more emotionally comfortable. These groups require different leadership, but leadership is most potent, most productive, when it can serve both purposes.

#### Current Issues and Primitive Fantasy: Basic Assumptions

In our modern world we seem so often to get sidetracked on issues which admittedly count but essentially miss the point. These of course are our own irrational basic assumptions. As we might expect when we discuss women as leaders, there is an abundance of such issues.<sup>126</sup> Perhaps it would be useful to mention only a few of these and relate them to our previous model in order to better understand their actual meaning and relevance.

**Tickets** are necessary to get into position to be chosen as a leader. Their value **always** depends on the **reference group** selecting participants. Ticket issues are always personal power issues, and tie in closely with basic assumptions and group fantasy wishes.

Competence is the number one, most essential ticket. Even when other tickets get you into position; without competence you will not succeed with aiding the organization's primary task and are usually unlikely to survive.

Sex, as we have previously documented in this manuscript, is a ticket for our culture. Male sex currently counts more points than the female sex. We can only hope to gradually change the values of our culture while at the same time using other points as tickets to advance.

Degrees, education and training are important tickets which expand beyond the knowledge of the participant to the status and resources connected with the institutions of learning.

Beauty, talent, status and influence are assets to most groups who wish to utilize and enjoy them, but sometimes such assets can be threatening and can actually be counterproductive.

Clothing can be extremely important in projecting symbols expressing a person's philosophy and goals. The reference group defines what is valued (i.e., you aren't likely to find an IBM executive wearing a madras plaid suit). Symbols of clothing and their effective utilization are subtle and must be observed closely in order to score points.

**Power - Boundary Issues** are issues used for the strong to invade and overtake the weak. This always results in the strong winning more resources or points of some kind.

**Money** is an issue which is surrounded by irrationality for women in general. It is a power-boundary issue and usually the bottom line is the workplace. Money is often associated with guilt in a culture where its very mention to a woman is associated with sin, filth, illbred lineage, the crass, the unfeminine (never mind that this is, of course, irrational). These associations flashback to prostitution which is scornfully referred to (also irrationally) as "women's oldest profession." Kate Millett proclaims that, "Prostitution is the very core of the female's social condition. It not only declares her subjection right in the open, with the cash nexus between the sexes announced in currency, rather than through the subtlety of a marriage contract (which still recognizes the principle of sex in return for commodities and historically has insisted upon it), but the very act of prostitution is itself a declaration of our value, our reification."<sup>127</sup> Women who let these irrational attitudes about money deter them from earning and demanding their value in the workplace are duped in to giving up power which exceeds the actual dollar.

**Perks** are the extras that come with the job, which for some, can actually in effect double a worker's wages. Such things as company cars, expense accounts, office furnishings, support services, credit cards, etc. would be considered perks. The same rules apply to perks as to money except that women must be more careful to demand their worth in this area since benefits are often hidden.

**Sexual games**, although they involve attractions, are not primarily expressions of affection or passion, but merely an issue of power and control. They are used to remind women, and anyone else who cares to observe, that the primary function of female sex in our culture is thought of as sexual, domestic, or service oriented. In this situation it is best to be polite without falling into the trap of joining your predator in de-valuing your role and potential. Incidentally, men must also learn to deal with the corresponding issue of female seduction. Although men do not usually pay the high price that females pay for participation in sexual games in the workplace, the consequences can often cause problems extending well beyond their career.

A woman who is considering becoming seriously involved in such games should be prepared to find another job. In fact, it would be best for her to find another job prior to any involvement.

As Harragan (1977) points out, "A woman increases the status of any and every man she sleeps with while decreasing her own. ...She also strengthens the very system that holds her back economically." Even if her relationship with the man is not to be "used against her, unfortunately he does not control the system nor the attitudes of his male colleagues."<sup>12</sup>

Regardless of a woman's behavior, she will at some point face rumors of inappropriate action. It is best to ignore such rumors while reexamining your own behavior to be sure you are not contributing to them. The rumors will disappear with time as a woman becomes known as a serious worker.

When women help to perpetuate rumors involving other women, they devalue all women, including themselves.

If possible, it is best to keep both your sexual partners and/or your primary support relationships separate from your worklife.

**Sexual harassment**, like rape, is against the law. An individual can, in anything short of rape, say no and should do this politely but clearly and firmly. If sexual issues persist once a negative answer has been clearly declared, it is sexual harassment and cannot be tolerated by men or women. Being denied opportunities due to resistance is also defined as sexual harassment. It is helpful to understand the law and its enforcement in order to determine your rights and options for action in this area.

**Support services** -- Women, to put it mildly, cannot get by serving in leadership roles or pursuing a career without support services. They need services such as child care, housekeeping, gardening, catering, laundry, decorating, shopping, secretarial and mechanical. They must develop their skills in locating adequate and dependable services and accessing them as well as possible. They must be willing to separate from their traditional roles rather than trying to do everything by themselves. Even though they may be capable of performing all of these activities, they

cannot do everything at once and spending small amounts of money to lighten the burden is an investment which can net substantial future rewards of money, good health and happiness.

**Femininity and masculinity** -- Every individual manifests a combination of both masculine and feminine traits. One popular myth that we deal with in our culture is that women who choose to be leaders cannot possibly be feminine.<sup>13</sup> This issue is closely related to the sexual games issue because it bullies women into either quitting or setting out to prove their femininity (i.e., their sexuality). Both men and women often collude to perpetuate such myths and issues in an attempt, either conscious or unconscious, to keep the status quo.

### The Future of Women As Leaders in Rehabilitation

The future looks very bright for women in the rehabilitation field. It is estimated that by the year 2000, if not before, work force participation rates of women and men will be equal.<sup>14</sup> The increase in participation of women in the workforce, as well as continued work experience, should help to equalize opportunities and dispel myths based on sex.

Women must begin to use their dormant power, both individually and collectively, to better their total situation. Women currently outnumber men, 113,126,000 to 107,457,000.<sup>15</sup> There are 82.2 million women compared to 71.5 million men registered to vote in America, a margin of approximately 11 million votes for women.<sup>16</sup> Women also control a significant percentage of the wealth in our country. Therefore, women must necessarily be recognized by those seeking or holding leadership positions as an influential group which can negotiate with considerable force.

Perhaps the most revolutionary change we have seen in our lifetime is the way individual women think and the way in which others think of them. Our expectations and goals have changed so drastically that it is incomprehensible to even fantasize about what the future holds for women in our society.

Although the struggles for women are definitely not past, we are moving toward a future where women can develop their talents with fewer restrictions and hopefully offer them as a contribution to build a more productive world for ourselves, our loved ones, and our children.

□

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## Excerpts of Reviews and Comments

*The following are excerpts fo reviews, comments and questions raised by the Switzer participants. These are presented to further stimulate thinking as well as action as it relates to the content of the chapter by Joan Thompson Barker.*

The author's most important contribution was to pull together this information, in a package that has valued information for the rehabilitation counselor trainee, ancillary rehabilitation professionals, and administrators. The training period is the most important time to shape the rehabilitation counselor's perspective about each person's worth in the workplace, each person's right to individual consideration of services, and leaving the stereotypes of traditional occupations out the door!

A most valued implication of the author's research is for the disabled woman, who truly needs objective information in vocational planning. Since the disabled woman needs to participate fully in her own vocational rehabilitation planning, this article could be used in orientations to newly disabled women, in training packages with public and private agencies who serve disabled women, and in conferences with the National Rehabilitation Association, and local chapter conferences, and Governor's Committees on the Handicapped meetings and workshops.

With discrimination to older persons comes an additional whammy for the older disabled woman. The ATTITUDE is crucial in presenting fresh alternatives to the older disabled man, as much in need of objective counseling and realistic career alternatives as is anyone. An Age Discrimination Study by the Office of Civil Rights highlighted the discrimination to older women in receiving rehabilitation services -- the older the disabled woman, the less likely that she would be rehabilitated. Of course, women receive less money than men in vocational rehabilitation service programs, but the older woman is the least likely to receive help.

**Sheila Williams Hackett**

Historically, only a few women have been leaders in the field of rehabilitation, but the impact made by these few was far-reaching and significant in shaping rehabilitation. We need to analyze, learn from and promote the qualities and actions which led to such outstanding leadership.

Since the 1977 study on women in rehabilitation, there has been a significant increase in the number of women counselors and supervisors hopefully leading to administrative positions. Now is the time to develop curricula and training programs which will deal with the implications of the study findings: professional identification, attitudes toward success, perception of the importance of money and status.

Two areas which could lead to improvement in the status of women are networking and role models. Networking is being widely used by women executives and business women. A rehabilitation network could be influential in job upward mobility.

Successful women in rehabilitation serve as role models for those new to the field. Unfortunately, there is little contact or opportunity to observe our "successes." Creative mechanisms should be developed to foster this type of association.

**Elizabeth Minton**

While there have been many outstanding women involved in the development of our profession and while there are many women employed in the profession, I feel that there should be detailed discussion on the future of the rehabilitation counselor as a profession. More and more, the legislation requires "qualified" professionals. The C.R.C. (Certified Rehabilitation Counselor) does not have the same status as the certified social worker. Mrs. Barker states that the future looks bright for women in the rehabilitation field, and I am suggesting that unless the rehabilitation discipline is elevated to the same professional level as the social worker, there may not be a future. This may be the opportunity for women to truly assume a leadership role.

**Bernice Sherman**

Extremely interesting background material on the role of women as leaders. One slight bit of information is the fact that when Miss Switzer retired she was the highest ranking female civil servant in the Federal Government.

In discussing the comparison between men and women in rehabilitation careers there needs to be research into the rationale for choosing such careers. Rehabilitation counseling programs around the country should have sufficient personal data, in addition to grade averages and Graduate Record Exam scores, as to their criteria for selection into their programs. There is validity in the assumption that counselors should have a background of personal vocational experience prior to assuming professional responsibility for such a vulnerable and complex a case load as severely disabled persons (a current policy for VR administrators). Counselors should be chosen on the basis of their ability to perform, not their sex.

**Thelma Schmones**

Facts discussed under the section "Mechanics of Leadership" point toward the conclusion that from birth men are better prepared than women to deal with group and leadership situations. One implication of these facts

is that women need equal training from childhood if they are to be equally prepared to assume leadership positions.

The paper reviews quite extensively research done on child development and sex differences. However, it may also be useful to study the development patterns (general environment, family relationships, the role of mentors) of women with strong leadership capabilities.

**Denise G Tate**

The author's concept of leadership is very interesting. It can well serve as the basis for discussion as to how we might build leadership techniques as a part of the rehabilitation program for women who are disabled.

This paper could be used as an excellent tool for training of rehabilitation counselors to deal more realistically with problems of their clients who are women. I would also suggest the paper be made available to schools of rehabilitation and become part of their curriculum.

**Evelyn R. Villines**

## Summary of Recommendations

*The following is a summary of the recommendations and implications for action developed by the Seminar participants as they related to the topic of the fourth chapter. (The recorder was Evelyn R. Villines)*

### 1. Service Delivery

- a. Leadership training should be provided that would allow handicapped women to become advocates on their own behalf.
- b. Promote efforts to provide in-service training for women to become qualified for administrative positions.
- c. A unit of knowledgeable women should be identified whose expertise, leadership and executive management can be utilized in providing technical assistance in recruitment, employment and upward mobility of women in the rehabilitation movement.

### 2. Policy or Program Development

- a. Disabled women, particularly older women be given greater opportunity for comprehensive rehabilitation services to insure their participation in the mainstream of society.
- b. The expertise of women and particularly disabled women should be utilized in the development, review and implementation of policies and programs of any provider agency, private or public.

### 3. Training of Staff and the General Public

- a. There should be a concerted effort to emphasize leadership training in the curriculum of educational facilities preparing persons for the rehabilitation profession. Such training should include courses in assertiveness training, supervisory skills, personnel interaction, business administration and public relations. Training techniques should include exposure to small and large groups where the concepts of leadership, authority, power, roles and responsibilities can be studied experientially.
- b. In order to change the attitude of the general public toward persons who are disabled, we must launch a coordinated national media campaign presenting the image of disabled women as qualified employers and employees.
- c. The momentum created by the International Year of Disabled Persons (1981) should be continued and expanded.\*
- d. As the United Nations moves ahead, having selected special populations to be highlighted in future years, the United States should recommend there be a specific component relating to the needs of disabled women.

### 4. Research

- a. A need exists for the identification of statistics regarding salaries of women in other fields compared to women in the rehabilitation field.
- b. A discrete data collection on disabled women who are also minority and/or older women with specific information to the numbers identified and served by the state/federal program -- job titles -- salaries.
- c. Research that would study women supporting and responding to other women in leadership roles is also recommended.  
Such research would specifically focus on women assisting other women in upward mobility and fulfillment of both, through group support and/or the provision of positive models.

### 5. Other Areas Not Categorized Above

- a. We encourage women, and particularly disabled women, to seek public office, serve on legislative staffs, participate in political party activities and actively lobby in all areas of public concern which affects their lives.
- b. We recommend the rehabilitation efforts of both the present and the future proportionately gear services to disabilities which currently exist and are expected to exist in the future. For instance, populations with cancer, heart disease, mental illness and substance abuse are presently major problems in our society, yet rehabilitation efforts continue to focus disproportionately on serving persons with disabilities which are more familiar to our expertise. The "unpopular" diseases are likely to increase in our rapidly changing world marked with stress and rehabilitation must more adequately accept the task of providing services to persons with these disabilities.
- c. The women who currently are in leadership positions in rehabilitation should take the initiative in long range planning and futuring so the social planners in our country, as a whole, will consider the special needs of persons with disabilities and plan realistically to deal with this issue. An issue that will not just disappear.

*\* 1982 was designated as the National Year of the Disabled to continue the momentum developed in 1981.*



## Chapter Five

By Denise G. Tate, Ph.D.

# Women and International Rehabilitation

"Women constitute 50% of the world's population and 28% of its formal labor force, but receive only 10% of the world's income, possess less than 1% of the world's wealth and comprise 75% of the world's 800 million illiterates." -- (Samira Harfoush, project director of AMIDEAST's U.S. AID-funded Industrial and Commercial Job Training Project for Women in Morocco, *The Bridge*, Winter, 1980.)

### Introduction

Two-thirds of the world's women live in Asia, Africa and Latin America. Although their culture, living conditions and environment vary from continent to continent, they share many political and economic disadvantages.

Poverty and the low status of women are major contributors to disablement. In the developing countries, where 80% of the world's disabled population lives, one of the major causes of disability is inadequate nutrition of mothers and children, especially girls. As a 1981 report from the International Labor Office points out, this vicious circle is further perpetuated by the fact that in certain parts of the world a baby girl receives only the food left by her father and brothers. Such cultural customs weigh even more heavily on disabled women who tend to age more rapidly when the harvest is poor and food is reserved for the young and healthy.

Socially, most women have been conditioned by the family and society to want less in life than men, to be content with service-giving types of work and activities. Discriminatory barriers against women exist in almost all cultures. These deeply rooted traditional attitudes limit women's opportunities for self-improvement and deprive human society of women's maximum contribution in development and in public services.<sup>1</sup>

Added to the problems of illiteracy and poverty, a disabling condition may become an insurmountable barrier for many females in the world. This is especially true of women living in less developed countries where resources are very limited and almost no support is offered to disabled persons. Many disabled women around the world are discriminated against on several grounds,

each of which limits their options and opportunities for participating in economic, social and political life and in obtaining an education.<sup>1</sup>

This paper presents a general overview of some of the opportunities and barriers for women as they relate to education/training, employment, health and/or disability, and benefits and services that are available to disabled women as well as the able-bodied. Women's participation in the health and rehabilitation services delivery systems is also briefly reviewed. Within this context, a short description is provided of women who have played important leadership roles in the field of rehabilitation. Secondly, the paper discusses some tools or mechanisms to overcoming barriers. These resources include networking, the effective use of the media, and the process of education/training.

Because very few references or research data were found regarding the theme of disabled women and their status in other countries, this paper relies mostly on documentation about the international situation of women in general. This scarcity of resources reinforces the assumption that in the U.S. and especially in the less developed nations of Latin America, Africa and Asia, very little attention has been paid so far to the female who is also disabled.

### Part One: Opportunities and Barriers for Women

In spite of the increases experienced internationally since 1975, women still constitute a minority at all levels of education, and the proportion of their total enrollment in secondary education has actually declined in several countries.

Literacy is a primary issue for the majority of the female population in many developing countries. Approximately two out of every three illiterate people in the world are women. Illiterate mothers play a part in linking the chain of illiteracy to the next generation. It is also recognized that illiteracy prolongs women's dependence and subordination by cutting them off from participation in change, and further, as modernization spreads, illiteracy comes to be despised more than in the past, thus eroding women's economic status and self-respect.<sup>4</sup>

In the Arab countries, according to Harfousch,<sup>5</sup> about 85% of adult females currently are illiterate. And, in countries such as Yemen and Saudi Arabia, female illiteracy may be as high as 98%.

Even in the industrialized countries, there are pockets of illiteracy that affect women more than men. This is particularly noticeable among European migrant workers. However, access to education at the primary and secondary levels is less of a problem for females in the U.S. and in other developed countries than it is in much of the world.<sup>6</sup>

In Ethiopia, as in most African countries, lack of relevant education has been identified as one of the major causes of the high rate of unemployment in urban areas among both men and women. Lack of managerial and administrative skills has also denied many highly educated women chances for promotion.<sup>7</sup> The very low educational level of Ethiopian women seriously hampers the advancement of women in that country.

In addition, many of the vocational training programs for women focus only on traditional household tasks with limited training related to agricultural production or employment and income-generating activities.<sup>8</sup> As stated by Byrne,<sup>9</sup> there can be no question more vital to the advancement of the vocational education of women than the eradication of female illiteracy. This is very important, especially in the African countries where most agricultural work is done by women. With technological modernization of equipment, illiterate women are not only barred from further learning but cannot read machinery instructions, elementary guidance to new equipment, or pass a basic technical test.

Africa is extremely poor in trained manpower. Only 11% of age-eligible Africans were enrolled in secondary schools in 1975, compared with 35% in Asia, 45% in South America and 91% in the United States. While India and China have a larger number of people, these nations have a better governmental infrastructure and a larger educated manpower base to attack their development needs than African countries now have. If the trained manpower situation is bad overall in Africa, for women it is the absolute worst in the world. Females are under-represented at all levels of education in sub-Saharan Africa.<sup>10</sup>

According to Da Costa,<sup>11</sup> in Latin America the socialization of women at school and at home is influenced by "machismo," a cultural attitude that stresses specific roles for men and women from the moment of birth. The rate of female participation in programs by professional institutions up to 1974 was less than 25% in the majority of institutions.

Compulsory education laws in the Arab countries were not implemented for females until the early 1950s. Even Egypt, which became the first Arab country to pass a compulsory education law in 1932, did not implement

this law for females until after it became independent in 1942. Kuwait, Saudi Arabia and other Gulf States did not start education for females until later.

In most Arab countries, except for private schools and universities, students are generally segregated by sex at all levels of education. Saudi Arabia continues to practice sexual segregation at all levels of education, including universities where females can only be instructed by male professors through closed-circuit television.<sup>12</sup>

Arab women also have very little access to vocational training, especially in nontraditional fields. Egypt has the highest rates of participation, with females representing 34% of its total vocational school enrollments. Tunisia is considered to be in the forefront of Arab countries in providing equal opportunities for females. However, only 0.1% of female secondary school enrollment is in industrial training compared to 22.5% for men.

A review of facts from various countries indicates that there are important differences in the value both families and societies place on women's education. These differences account, at least in part, for the relatively high enrollment of females in the Philippines and the very low levels in most Moslem countries.

Sex differences in education and training are also present in some European countries. When educational systems are accessible to females, in many countries, both developed and developing, they often strengthen and perpetuate traditional values and biased images of women's roles in the same way as do the media. The internationalization of knowledge and the educational models adapted to developing countries tend to reflect the cultural and economic dominance of the industrialized countries. This is illustrated in the absence of training opportunities in agriculture for women, even in countries where they play a major role in agriculture.

Vocational training programs around the world are characterized by a higher proportion of male enrollment, with predictable consequences for women's employment. Even in Sweden, women are taught skills traditionally associated with women; these are less marketable than those taught men. Males overwhelmingly dominate the technical training institutes even in countries such as the USSR and Eastern Europe, where the broad participation of women in labor markets is encouraged.

Financial constraints represent another important obstacle to the enrollment of females at the upper educational level in industrialized countries and at all levels in developing countries. Particular difficulties arise in those countries where education is not or is only partially funded by the government.

What is striking is that in virtually all countries, women are concentrated in the same fields of study in higher education, though the precise proportions may differ. Limited enrollment in school, limited promotion to higher levels, and tracking into sex-stereotyped courses and professional schools perpetuate and reflect occupational segregation. They virtually guarantee that most women will have lower earning capacity than most men.<sup>13</sup> As a 1980 UNICEF report indicates, not only are women still at a disadvantage in obtaining an education, but they have not been able to utilize their education in the same manner and to the same extent as men in obtaining economic, social or political power.<sup>14</sup>

## Education of Disabled Women

Many disabled women are deprived of their human rights, and society is deprived of their talents and abilities. The abilities of disabled young girls and women are often underestimated and channeled into vocational activities which may be below their actual potential.<sup>1</sup>

Due to traditional role perceptions, disabled women are given less encouragement to continue their education, even in view of the fact that, more often than not, they will have to be self-supporting. Parental over-protectiveness can also stem from a fear that a disabled daughter is more vulnerable than others, with the result that she is discouraged from preparing for her own social and economic independence.

Another major hindrance to the educational and vocational training of disabled women is the lack of appropriate rehabilitation facilities or services. The gap is evident in industrialized countries, but it is even more so in developing countries. While 80% of the world's disabled persons live in developing countries, 90% of all resources to help these individuals are expended in industrialized countries. As a result less than 5% of handicapped children receive any kind of special assistance. In addition to the fact that there are fewer rehabilitation facilities available for disabled girls in the developing countries, they also have less access to those intended for all disabled individuals. Selection of the recipients of training and services tends to favor those who, it is presumed, will remain longer in the productive work force.

In contrast, however, in rural Orissa and Maharashtra in India, girls with visible disabilities, congenital or acquired in childhood, are encouraged, if not obliged, to receive education by their parents. In an epidemiological study of chronic disabilities including the study of attitudes toward the disabled, in Orissa and Maharashtra, it was found that the visible disability was viewed as a clear obstacle to the girls' ability to marry. They were, therefore, educated in order to obtain the necessary skills for survival. In this situation, if the school was far away or if a girl could not walk, her father was willing to carry her back and forth to school. It is interesting to note that boys' disabilities did not necessarily increase their chances for schooling; on the contrary, in some cases they became an additional obstacle.<sup>12</sup>

Another factor highly related to the low level of education and incidence of disease and disability in most developing and less developed countries is malnutrition. While malnutrition is often widespread among children in rural areas of many developing countries, some evidence indicates that it is more widespread among pre-adolescent and adolescent girls than boys.<sup>13</sup> In rural Philippines, it was found that families spent more money on food for boys than for girls, especially in the one- to six-year old age group (400 and 287 pesos respectively).

It seems, therefore, that the greater the scarcity of food and financial resources in the Third World's rural areas, the greater the probability that girls will be malnourished and that their mental development may be low. There is considerable research evidence from a number of developing countries that malnutrition affects children's mental development and ability to learn.<sup>14</sup> Malnourished children have shorter attention spans, display lower stamina, are more apathetic, and cannot concentrate;

their hearing as well as their memory may be poor, and their cognitive abilities may be impaired.<sup>15</sup> In many societies since girls are more often malnourished than boys and spend more time in child care, housework and agricultural activities, they are more likely to be tired when they are in class and may have greater difficulty concentrating, performing well and staying in school.

For the woman who becomes disabled later in life, further education and training may enable her to alter course to accommodate the handicap. A certain amount of practical help does exist, at least in some countries.

In the United Kingdom, for example, disabled students in mandatory education courses may claim a special allowance in additional expenditures caused by disability, for example, the need for special typewriters.<sup>16</sup> The Manpower Services Commission (MSC) in England is responsible for all training and employment of disabled people. Financial support and free training are offered by the MSC through the Training Opportunities Scheme (TOPS) to disabled and able-bodied people who want to undertake a course of training that will improve their employment prospects.

All courses taken under the TOPS scheme are free, and trainees also receive a weekly tax-free allowance and other benefits such as travelling expenses, lunch, and an accommodation allowance for those who have to stay away from home. For disabled people who need to be trained under residential conditions, MSC provides a variety of vocational courses in four residential colleges.

In Sweden, the Swedish Education Act makes the municipalities responsible for almost all compulsory educational services below university level. Integration of disabled children and youngsters, both males and females, in regular schools is promoted by state grants.<sup>17</sup> In 1970, a National Board of Attendant Service was established in Sweden. This board renders personal service (attendant service) to severely handicapped (physically disabled) persons who are studying at universities or colleges, and provides housing and medical care to physically disabled and other severely handicapped persons enrolled in secondary education.

## Employment

Awareness of the major role that women play in the labor market is slowly beginning to make its way into the arena of public policy. National and international conferences, reports, resolutions and programs have addressed themselves to the new realities of employment for women. The recent trend toward greater participation of women in the traditionally male labor force is most advanced in the Western industrial countries and the communist countries in Eastern Europe and East Asia.

In developing countries (except for Asian communist nations), the record of women's employment is much more diverse and considerably more difficult to document. Part of the difficulty lies with the unreliability of employment statistics. Labor force statistics tend to overlook many women workers. It is especially difficult to keep accurate tallies of self-employed workers, non-salaried workers, and unpaid family workers, and in three of these categories Third World women abound.<sup>18</sup>

Subject to these limitations, it is possible to identify some trends in the number of women working for pay in the Third World countries. Employment opportunities



for women have expanded in several Asian and a few Latin American countries as transnational corporations and domestic, export-oriented industries have established labor-intensive manufacturing plants that depend on low-paid female labor.

In most of Latin America, however, the development of industry has been capital-intensive, limiting the number of jobs available in the modern sector for females. Competition for these few jobs, combined with a general climate of sex discrimination in employment, has meant that most of the available jobs go to men. Agricultural development in the region has also been capital-intensive. As a result, in much of the region, women's involvement in the formal labor force has stagnated or even declined. In female employment, the quality of the jobs offered to women is in general very low.

In Africa, South Asia, and most of Latin America, female employment hinges on two conflicting pressures. On the one hand, job creation has failed to keep pace with the growth of the labor force, thus heightening competition for formal employment. In these circumstances, women typically cannot compete with men unless they are much cheaper to hire. On the other hand, ever-increasing numbers of women are compelled to work for pay for reasons of basic survival. The escape valve for this irreconcilable conflict is increasingly self-generated employment in the informal sector, particularly in occupations such as street vending or domestic services. Despite some improvements, especially at the professional level, women workers remain concentrated in stereotyped jobs with low pay, low status, and little opportunity for advancement.

Among the negative pressures that are forcing women to work for pay are: (a) the increasing level of poverty caused by worldwide economic pressures that make it difficult for traditional families to survive only on men's earnings, and (b) the fact that in some households the women are the only bread winners. This is very much observed in some African countries and Latin American countries where men migrate from the rural areas to the cities in search of jobs and/or better pay.

The trend toward greater participation in paid labor on the part of women has not yet been matched by an increased involvement of men in unpaid work or household responsibilities. For the overwhelming majority of working women, employment means an extension of the working day to accommodate both their salaried activities and their home responsibilities. This double burden or double day phenomenon is among the most serious of the problems in the issue of women's employment.

As pointed out by Newland,<sup>19</sup> perhaps the most obvious way to reduce employed women's dual burden of paid and unpaid labor is for men to do a greater share of the housework and child care. In Cuba, this obligation has been written into its new family code, promulgated in 1975. In the People's Republic of China, the government has acknowledged, via the leading theoretical journal in that country, that "it is necessary to advocate that men and women should share household chores." Also in Sweden this new attitude is emerging with regard to parenthood. Children are no longer the sole and exclusive concern of women, and parenthood is superseding motherhood.<sup>20</sup>

Food production is often a major component of women's work in rural settings, and food processing is almost always a major task. Though national statistics for the economically active usually omit women's work in the subsistence sector, rural women in the developing countries account for at least 50% of food production in those countries.

Describing the women's role in economic development in rural communities, Boserup<sup>21</sup> points out that two groups may be identified. The first type is found in regions where shifting cultivation predominates and the major part of agricultural work is done by women. In such communities, we can expect to find a high incidence of polygamy. The women are hard working and have only a limited right of support from their husbands, but they often enjoy considerable freedom of movement and some economic independence from the sale of their own crops. The second group is found where plow-cultivation predominates and where women do less agricultural work than men. In such communities only a minute number of marriages are polygamous. A wife is usually entirely dependent upon her husband for economic support, and the husband has an obligation to support his wife and children, at least as long as the marriage is in force. The first type of rural community is found sub-Saharan Africa, in many parts of South East Asia and in tribal regions in many parts of the world. This type is also found among descendants of black slaves in certain parts of America. The second type predominates in regions influenced by Arab, Hindu and Chinese culture.

Boserup<sup>21</sup> also notes that the diffusion and adoption of some technological innovations may actually decrease the role of women in agriculture and, consequently, their overall contribution to national development in general and rural development in particular. In this particular instance, women are replaced by men as techniques are upgraded.

Thus, women's participation in the agricultural sector is inversely related to regional development. Women's access to technology and/or lack thereof is a consistent index of a country's level of socio-economic development. In areas where no new technology has been introduced, one finds a high percentage of working women.<sup>22</sup> It is important, however, to emphasize that technological advances provided additional employment opportunities for some as the country becomes more socio-economically developed.

In all three continents, the changes in traditional agricultural patterns and the introduction of new technology were principally geared towards commercial crops and exports. These changes have resulted in a new sexual division of labor within and outside the household unit. In Africa, the subsistence sector was left to women, while men turned toward export crops or migrated to the cities or the mines, thereby increasing women's work load.

Although the exact nature of "women's work" varies across countries and classes, women seem to be charged invariably with the duties of daily maintenance, subsistence, and care of children and the family.

A comparative study coordinated by A. Szalai under the auspices of UNESCO was carried out in urban sites of ten industrial countries (Belgium, Bulgaria, Czechoslovakia, Federal Republic of Germany, France, Hungary, Poland, USA, USSR and Yugoslavia) which

indicated that both in free market and in centrally planned economies, wage-earning women with children were working longer hours than men, and had less free time and fewer hours of sleep.<sup>23</sup> The percentage of working women in Europe, the United States and Israel is higher than that in other developed countries.<sup>24</sup>

Recent figures from the United Kingdom's Manpower Services Commission show a steady increase in married women workers. Women now form 38.5% of the labor force in Great Britain, and two-thirds of these working women are married. In the USSR at the present time, 59 million women contribute to the economic life of the country, representing 51% of the labor force. The majority are employed in factories and offices while 7.7 million work on collective farms.<sup>25</sup>

Despite the fact that the women's participation in the labor force is higher in the most developed and industrialized countries, women still find themselves with some of the same problems as their counterparts in the less developed countries (lower pay, stereotyped roles and so forth). In many countries men and women doing the same work do not receive equal wages, despite the fact that eighty countries have ratified the ILO Equal Remuneration Convention of 1951. No accurate measure exists, to date, of the degree to which legislation passed various countries to protect women in the work place or to protect women's reproductive function in society has the inadvertent effect of restricting the demand for female labor. In 1979, the International Labor Organization (ILO) endorsed the agreement that makes the hiring of women for night shifts and holiday shifts in industry legal. Nevertheless, pieces of legislation that are restrictive of women's employment continue to be adopted.

In most countries, two predominant trends emerge from the observed relationship between women's education and work. The first is a positive relationship where an increase in levels of education correlates positively with an increase in participation in the work force. A second trend emerges: a U-shaped or nonlinear curve suggesting that women with little education in poor countries have higher rates of work participation than those with somewhat more education; but beyond a certain point the relationship is again positive.

### Employment and Disabled Women

Disabled persons, in general, and women in particular, often find themselves unemployed or in low-paying jobs. Considering the general trends in society, it can probably be assumed that severely disabled women have even lower incomes. Furthermore, it is recognized that in some countries the labor market is less favorable toward less qualified women or women who are married. The existing statistics, though fragmentary, reveal that the employment pattern of less disabled women is closer to that of nondisabled women. In other words, the cultural sex-role division of labor is more decisive in the labor market than a handicap caused by impairment. Disabled women, it is observed, generally get less encouragement, even less training, and fewer opportunities for employment than their male counterparts.<sup>1</sup>

Data obtained from a 1981 International Labor Office report on women and disability in the United States shows the strong contrast in employment between severe-

ly disabled men and women, and between men and women with less disability.

The study shows that 91% of severely disabled women were unemployed or not in the labor force, compared to 79% of severely disabled men. Forty-six percent of less disabled women were unemployed or not in the labor force, compared to 12% of less disabled men.

In discussing the problems of disabled women, Benassy<sup>26</sup> points out that employers in France resist hiring handicapped persons at all. The problem of hiring disabled women is seriously aggravated by the fact that approximately one million French able-bodied people are still unemployed. While handicapped men are usually eligible for some financial benefits, this is not always the case for women. And for unmarried disabled mothers existence becomes extremely difficult.

A study done by L'Association des Paralysees de France (A.P.F.) discusses the problems that physically disabled women may have in deciding what career to pursue. Psychological problems associated with the disabled women's feeling of lack of freedom to choose her own career may interfere with her family relationships, especially with respect to rejecting brothers' and sisters' career expectations for her. Of the 5,062 cases studied, only 5.1% of the disabled women were enrolled in college level education. Specific problems were also reported to occur when the disabled women found employment. These problems included transportation and the need for access to buildings, job adaptations, nearby restaurant and bathroom facilities and the problems that occur when the training/education received do not match the job requirements and tasks. From the same 5,062 cases analyzed in this study, 16.5% became salaried workers; 1.4% work at night only; 5.2% work at home only; 0.6% work at professions in the liberal arts; 2.2% in sheltered workshops.

In writing about disabled women's problems regarding employment, Campling<sup>27</sup> states:

**As with education, in theory women have equal opportunity with men in employment. In practice women are often discriminated against in the labor market. This is even more so in the case of disabled women, where it may be assumed that they are content to stay at home. Disabled women are also less likely to be registered as disabled than men. (p. 35)**

In England, women who become disabled are advised to see their disablement resettlement officer (DRO) at the job center or employment office to explore work possibilities. There are more than 500 DROs throughout the country to advise disabled people about employment and to assist with placement. This service, which is often criticized as ineffective, provides linkages with all the other services offered by the Manpower Services Commission (MSC). The MSC has the responsibility for training and employment services for disabled people. These services include the job introduction scheme which gives employers a weekly grant for a trial period, normally six weeks, to employ disabled persons who need to prove ability. Studies have shown that four out of every five persons helped in this way continued to hold their jobs after the trial period. Another program makes available grants for modifications to premises and equipment when this is essential for the recruitment or retention of disabled employees.



As Campling<sup>14</sup> points out, it is regrettable that in the search for work the disabled woman is more discriminated against than the disabled man. The conditions of age, poverty or illiteracy combine with sex and disability to provide triple discrimination in employment. As Safilios-Rothschild<sup>17</sup> states:

**In many societies women live longer and, therefore, the older chronically disabled group becomes disproportionately composed of women. We know that there are masses of women around the world who are unskilled and uneducated. Many become beggars because of the limited possibilities.**  
(p. 4)

Speaking about the opportunities for employment for disabled women, Serra<sup>19</sup> explains that in Italy legislation has been introduced with the idea that men and women should benefit from employment programs equally. However, it is very difficult for women to find jobs. The quota system in Italy for disabled persons, including disabled women, has not worked satisfactorily, especially for the more severely disabled women.

In speaking about the difficulties of disabled women in India, Nimbkar<sup>20</sup> points out that there are undoubtedly many disabled women, especially the blind, who need both adaptations for their daily household tasks and help in obtaining any additional training and placement to secure a paying job. If a disabled woman needs to earn and have a job, she should look for assistance from the special employment officers and from the employed state insurance scheme.

In 1975 the Ghana Society for the Welfare of the Blind developed a comprehensive training program for rural blind women in that country. The program included basic household training in cleaning, cooking, budgeting and child care as well as vocational/occupational training. Occupations in which to train blind women were carefully selected to be appropriate for the geographical area in order to secure marketable and gainful employment. Employment/vocational training was done through the creation of cooperatives, run by groups of blind women, or by groups of disabled and able-bodied women working together in the village. To enable the blind worker to be really productive and financially helpful to her family, rural cooperatives were organized so that the most skilled persons could take the goods and products to sell to the market while the workers remain busily occupied in their homes. This follows the pattern used by sighted market women throughout West Africa.

#### **Women's Role in Service Provision**

It is a simple, but often overlooked fact that throughout history healing and medical services have been performed by women. This is because women have traditionally been the providers of health care within the family. In many rural areas of the developing countries where there is, as yet, no formal structure of modern medical services, care of the sick is still the exclusive domain of mothers, aunts, grandmothers, and those respected locally for their powers of healing. It is also true that in industrialized countries, as elsewhere, a great deal of nursing takes place at home.

Women have traditionally been the midwives, or birth attendants, in virtually every society. With skills and knowledge passed on from generation to generation,

women continue to deliver a large percentage of the world's babies in rural communities all over the developing world.

As medicine becomes more and more centralized and specialized, women have increasingly lost this important traditional role. In modern medicine, it is men who generally assume the dominant role in the profession and control the decision-making and planning. Women have increasingly filled the low-status and insignificant roles, and this is unfortunately true even of pioneering primary health care schemes that have brought traditional midwives into the mainstream of health services.

The importance of continual and expanded representation of women in health services is emphasized by Houston. Houston<sup>16</sup> visited various Third World nations in order to make an assessment of women's status in these countries. With respect to women's role in providing health services, she notes:

**In many countries the importance of training women health officers or paramedics was respectfully emphasized by officials with whom I spoke.**  
(p. 27)

It is possible to conclude that the modernization of health services, by discriminating against women in terms of recruitment and management, also discriminates against women's health. Women in many cultures are reluctant to be treated by male medical personnel. In the villages, women may not let male doctors examine them.

In Senegal, females are trained as birth attendants (*sage-femme*) to make a positive contribution to better village health. While in the past, the role of traditional birth attendant was passive and ritual, limited after delivery to burying the placenta and giving the most elementary care to child and mother, training currently relates to all phases of delivery, including pre- and post-natal care. Each certified birth attendant receives the basic UNICEF midwifery kit with some drugs and equipment.<sup>21</sup>

Although women participate actively in the provision of rehabilitation and health services both in the less developed countries, their role is very limited to sex stereotyped jobs. In most countries the vast majority of nurses and social workers are women, and there are very few women physicians. However, a World Health Organization (WHO) study indicates that a higher number of women physicians are found in socialist countries.

In general, because women's training has tended to focus on the social sciences, their opportunities for employment are often restricted by their education. Dr. Teresa Serra, founder and president of the Italian Spastic Society explained in an interview with Rehabilitation International that in most Italian social services or health services, with the exception of the highest positions, the staff is composed of women. For example, in the Italian language, "therapist" has the feminine gender.

In discussing the role of women in the provision of rehabilitation services, Walsh<sup>22</sup> states:

**Many women are involved in work for the disabled and many of them play especially important parts. They are often drawn to this kind of activity, and frequently bring an exceptional quality to it because women usually have a keen sensitivity about such problems, particularly when children are in need of help.** (p. 1)



According to Walsh, many women become involved in rehabilitation work and make important contributions through their voluntary efforts as board members, policy makers, fund-raisers and facilitators for organizations working in the field.

### Women and Leadership Roles

Many women around the world have been responsible for important contributions to the improvement of the lives of other women and disabled persons. In the field of rehabilitation, several women have been prominently involved with service provision for the poor and the disabled. A few examples are related here to illustrate this point. Molly Thorburn," a physician who has worked for the past decade with handicapped children in Jamaica, directs an early stimulation program and teaches mothers of handicapped children in Jamaica how to take care of their children through the early stimulation approach. She is also associated with various activities and organizations, such as Partners of the Americas, and directs the Northern Caribbean Unit of the Caribbean Institute of Mental Retardation.

In Brazil, Dorina de Gouvea Nowill," a blind woman, is the vice-president of the World Council for the Welfare of the Blind and also the chairman of its Committee on Cultural Affairs. She has done an outstanding job in elevating and advocating the rights of disabled women in society. As she states: "The integration of women in the development process can only be obtained through the elimination of the obstacles that prevent both their access to education and employment and their polarization in family and political life."

Fatima Shah," from Pakistan, is the president of the International Federation of the Blind. Like Nowill, she is also responsible for efforts to integrate blind women from Asia and Africa into society.

Another example of leadership in rehabilitation is Kamala Nimbkar," a founder of occupational therapy services in India. She started her work in King Edward Memorial Hospital in 1949 and worked there as honorary director of the School for Occupational Therapy and the Rehabilitation Center through 1957. She has assisted disabled women in finding adaptations for their daily household tasks and in obtaining training to help secure paying jobs.

In terms of helping disabled women obtain equal rights and access to services, Teresa Serra," founder and president of the Italian Spastic Society, is considered a pioneer in advocacy for integration. When asked about the most important of the total relationship of women to the problem of disability, she said:

Many years ago, when we began the work of the Italian Spastic Society, it became apparent that the burden of the needs of handicapped children fell on the mothers. Services were not yet the expense of the state and fathers were involved in earning a living. Also, due to the roles of men and women, the responsibility for any disabled family member, child or adult, tends to be assigned to the women. (p. 1)

In England, Lady Hamilton has established the Disabled Living Foundation, which provides disabled women and men access to numerous devices and technical aids to help in their daily living activities. Lady Hamilton has a

degree in economics from Cambridge University and since the 1960s has participated in the administration of programs for the disabled.

Finally, an example of courage and dedication in assisting population in need, is Mother Teresa," recipient of the 1979 Nobel Peace Prize. Agnes Gonxha Bejaxhlu, born in 1910 of Albanian parents, joined the Order of Loreto nuns at 18 years old, and in 1929 arrived in India. Mother Teresa became an Indian citizen in 1948. For 50 years, India has been the arena of her life and work. Asked why she selected India for her services, she replied: "Because India was a missionary country like the countries of Africa." (p. 27)

After teaching school for 17 years, she decided to serve the "poorest of the poor," the sick and the disabled. After getting the Pope's permission, she exchanged the habit of the nun for a course white sari with blue striped borders. She started her work by visiting the homes of the poor and sick in Calcutta. From her first home of the poor have sprung 62 homes around the world for the poor and terminally ill. Mother Teresa's second mission was to help abandoned children. She has an open door for children thought to be "hopeless" cases by hospitals or jails. Today the Order runs 48 homes for abandoned children.

The third great thrust of her work is to aid persons with leprosy. At one time there were 10,000 lepers under her care. Today there are 425 mobile dispensaries for lepers run by her Order.

Mother Teresa, without doubt, symbolizes an outstanding example of leadership and dedication. Lala writes, "behind this woman of action lies a whole value system that could be the structure of a new civilization." (p. 31)

### Health and Disability

#### Women's Health Status

Women, like men, are subject to the entire spectrum of human disease, but the demands of child-bearing and of child-raising make them potential victims of a wide range of additional health problems throughout their lifetime." Maternal death is a leading cause of the low life expectancy of women in developing countries. Available evidence suggest that in most of Africa and South and East Asia, 500,000 women die from childbirth or related causes every year. In the industrial world, the rate was about 0.5 per 10,000 births in 1976 and is continuously decreasing.

Life expectancy data are perhaps the most significant measure of the health status of Third World women. On an average, they have a life expectancy at birth of 55 years compared to 75 years for women in developing countries. In some countries women have higher morbidity rates than men because of their generally lower status in society. Four African countries state that women's health status, particularly that of rural women, is lower than that of men because of their heavier workload, inadequate health care facilities in rural areas, and lack of technological assistance in their work. In India also, women's health status is lower than men's for the following reasons: lack of awareness about the availability of medical services, early marriage and frequent pregnancies, hard manual labor, and inhibitions about seeking family planning advice.

These factors, in addition to their multiple roles, impose a burden on women that may result in chronic ill-

health, an anxiety in other psychological problems that have an impact on family and society.

Improved health status for women has fundamental implications for the development of society as a whole. Specific economic targets set by countries cannot be achieved without the equal participation of women in all aspects of development and recognition of the significance of health care for women. International programs and agencies are beginning to focus more specifically on women's problems and needs, particularly concerning their health."

### Women and Disability

In European countries, disability is taken to refer mainly to four kinds of disability: physical, psychological, sensory and mental. In Third World countries, in contrast, one thinks primarily of disabilities due to hunger (20% of all disabilities are caused by under-nourishment) and to war."

The mental health of Third World women also appears to be increasingly threatened by economic hardship in the face of growing family responsibilities and fatigue due to hard work, coupled with malnutrition, political upheavals, and social class struggles taking place in many developing countries. In industrial countries, psychological and psychosomatic disorders due to stress are two to three times more frequent among women than among men.

In some parts of Asia, the suicide rate among newly married women appears to be significantly higher than in any other age group. An Enquiry Committee which studied in-depth the high rate of suicides in the Indian State of Gyarat found that the incidence was highest in women between ages 15 and 30 years."

As described by Wolf,<sup>40</sup> suicide is a socially acceptable solution to many problems for which a Chinese woman sees no other solution. Also, in certain areas of Japan, mothers of disabled children may kill their child and commit suicide if they feel that they cannot take care of their problems. Having a disabled child can place so great a burden on the parents and make such increasing demands on them that they, the mother especially as the parent most directly affected, no longer see any way out. They may deliberately seek death for themselves and their disabled child, because they believe they can no longer sustain this life-long burden and also perhaps because they have received too little help."

During 1980, halfway through the Decade for Women, Dorina Nowill,<sup>41</sup> president of the World Council for the Welfare of the Blind (WCWB) started to work on an extensive survey of the situation of blind women in the world. Two questionnaires were prepared and sent to World Council of the Welfare of the Blind and its member countries in order to obtain data for an accurate analysis and interpretation of the status of blind women in different parts of the world.

The study was based on the responses of 39 countries (out of 84) to the first questionnaire on the general situation of blind women, and on the response of 13 countries (out of 40) to the second questionnaire on the situation of blind women in organizations of and for the blind.

According to Nowill<sup>41</sup> most of the replies to the first questionnaire revealed the following situation:

- Most countries do not know the number of their blind women nor their distribution in rural and

urban areas. This makes it more difficult to plan and develop programs directed to the real needs of blind women.

- The status of the "blind woman" is not very different from the status of "woman" in general, but there are more limitations due to blindness itself and to the social prejudice prevailing against this condition.
- In almost every country women are protected by law, but their legal status does not correspond to their actual status.
- The status of the blind woman is better in urban areas than in rural areas, particularly with respect to education, rehabilitation and employment.
- It is necessary to change the blind woman's idea about herself so that she can change the environment in the future.
- The situation of women in general, and consequently that of the blind woman, is closely related to the social, economic and cultural background of the country where she lives in view of its values, customs, habits and traditions.
- One of the most serious obstacles preventing the participation and integration of blind women is the fact that the great majority of them have not yet taken on their duties as citizens, which is an essential condition for any proposals or claims to be successful.

Speaking about the situation of blind women in developing nations, Shah states:

What has been achieved by some blind women has been done in spite of prejudice and discrimination, rather than because of any special or even equal advantages or privileges that we share with our sighted peers. For if history and society have not been kind to women in general, they have been less so to blind women. Throughout history, prejudice, ignorance and fetish have relegated her to an inferior position in society, an object of false pity and mindless charity. This is especially true of the countries of the Third World where discrimination against women as a whole in the field of education, employment and social integration is at its peak where blind women are concerned. In the developing nations, especially in Asia and Africa, the blind woman ranks in the lowest grade of citizenship, the victim of hypercustodialism. Isolated from society, confined to a corner of her house, she is deprived of all opportunities of education or integration, even more than her male counterpart. Cultural patterns and social traditions in our nations are such that it is only after marriage that a woman gains the freedom to play an active role in the community and is "socially integrated" as it is understood in the West. Social and cultural traditions also dictate that marriages be arranged, especially in the rural areas. Attitudes are so warped and ignorance is so rampant, that nobody would consider marrying off a blind girl or asking for her hand in marriage in an average rural middle class home in the East.

Thus, the blind woman in this part of the world is deprived even of her traditional role of wife and mother, which is surely the right of every woman. It is up to us, the organized movements of the blind, to bring the blind women out of their seclusion wherever they are; and by precept, by example, urge, instruct and inspire them to play a useful and responsible role in the community. (p.5)

Further discriminatory attitudes against blind women are described by Rogers.<sup>42</sup> Studying river blindness (on-

choceria), which currently affects one million people in West Africa, and the disabling conditions which accrue from it, Rogers explains that discriminatory measures have been taken in terms of providing treatment for women who have been infected with the disease. In most cases, reports and documents do not mention any statistics for women, but only for men, when evidence has shown that both sexes are equally subject to the disease. When interviewed about why their statistics on the incidence of river-blindness only refer to men, the party responsible for the Onchocerciasis Control Program responded: "...We found it's really a men's disease. Sure we'll find 3 or 4 blind women in each place, but it's not oncho. We might treat them, but only to get the villages' cooperation for our oncho program."<sup>22</sup>

Besides the disabling conditions that occur in developing countries because of malnutrition, lack of proper care, rest, hygiene, and adequate environment, cultural patterns are responsible for creating physical and mental impairments. In 1979, the Assembly of Heads of State and Government of the Organization of African Units declared that "...Member states should thoroughly examine cultural legacies and practices that are harmful to normal growth and development of the child such as child marriage and female circumcision, and should take legal and educational measures to abolish them."<sup>24</sup> (p. 34)

The term "female circumcision" is used throughout several countries such as Ethiopia, Sudan, Tanzania, Saudi Arabia and Egypt and most often consists of cutting out the clitoris and sometimes the labia minora. It is estimated that 80% of the women in Alexandria, Egypt practice female circumcision. Operations are usually done on girls 7-10 years old at home by an older woman, usually a relative, sometimes trained as a midwife, with the help of a knife or shaving blade. About 2,000 girls are brought to hospitals every year because of complications resulting from this operation. The immediate complications include psychic shock and hemorrhage.

According to Rothschild,<sup>27</sup> a very important change could be effected by focusing health care services on disabled women as individuals. International organizations, especially in the developing countries, have been interested in the health of women only when pregnant or when mothers; when a woman is not a mother or pregnant, little attention is paid. These organizations must see the merit in women as individuals in order to treat a disabled woman for her own sake and not only as a mother or potential mother. Of course, another step is to ensure that all rehabilitation services and disability benefits are available equally to men and women.

In general, women play a very important role as far as the prevention and the treatment of disabling conditions in most societies. As pointed out by a 1981 International Labor Organization document,<sup>1</sup> the low status of women is not only detrimental to women themselves, but also to the human community. Society cannot continue to disregard the role, tasks and services performed by women upon which the well-being of the human community so heavily depends. Take the example of water for domestic use, the provision of which, in most societies, is assigned to women. Although insufficiency and impurity of water leads to disease, disability and death, the service of providing water is devalued because it is a task performed by women.

Appropriate technology, for example, is seldom developed for tasks performed by women, a fact that results in prolonged working hours, fatigue, disease and disability of women and the consequent deterioration of the well-being of the entire family. Raising the status of women would also reduce disabilities by improving the nutrition of women and girls and ensuring healthier generations in the future.

## Benefits and Services

### Benefits

In the most advanced industrial nations, and particularly in those that can also be called welfare states, benefits and services are available to all in the population who may need it, free of charge. For example, Sweden, since January 1, 1974, has transformed maternity leave into parental leave. When a child is born, the father as well as the mother is entitled to a six-month leave with pay in order to take care of the newborn and make the family more of a unit.

Some developing countries that have adhered to the International Labor Organization (ILO) conventions related to working women provide benefits such as 12 week maternity leaves -- six weeks prepartum and six postpartum. The conventions also establish lactation benefits which entitle a working woman to take two half-hour remunerated nursing breaks. Many of these requirements, although legislatively enacted, are not adhered to by employers.<sup>41</sup>

China recognizes and gives protection to women workers during menstruation, pregnancy, childbirth and nursing. Women are given 56 days maternity leave with pay, then are given time off from work to nurse their infants until they are weaned. Consideration is given to women in menstrual and pregnancy periods, exempting them from doing heavy work and from work carried on in deep water such as in the paddy field. It is considered important to protect women workers when they are in certain physical conditions, especially women working in the rural fields.<sup>42</sup>

The International Labor Organization studies the role of the social infrastructure in Eastern European countries (i.e., Czechoslovakia, German Democratic Republic, Hungary, Poland and USSR) and concluded that all the countries covered by the study had set up services and facilities to ensure that the working mother would have her child taken care of. Generally speaking, these services are largely financed by the state as well as by trade unions.<sup>21</sup>

In Yugoslavia, women qualify for old-age pension benefits under more favorable conditions than men. After 20 years of pensionable service, women become eligible for an old-age pension at the age of 55, while men do so only at the age of 60. Eligibility requirements for a disability pension in the event of major disablement, i.e., if the person has been totally incapacitated from continuing to work either in a previous or in any new appropriate job, and if the person's condition cannot be improved through vocational rehabilitation.<sup>43</sup>

In England, however, the disabled find it much more difficult to manage financially than the able-bodied, because of the extra cost of disability.<sup>16</sup> On the average, the disabled person has a lower income than the able-bodied persons and is less likely to be employed. This is



still the situation, despite new benefits introduced by successive governments in recent years. The present system is based on the cause of disablement rather than its effect. The contribution record, age, sex, and place of injury are more important than degree of incapacity and needs. Thus, different people, who are equally disabled, are entitled to a wide range of income benefits or even none at all. Women are traditionally disadvantaged in England's social security system. Disabled women, particularly if they are married, suffer most of all.

However, some benefits in England are universal. For example, attendant allowance is payable to both men and women who require regular help in fulfilling their physical needs. Supplementary benefits, however, which is noncontributory means-tested benefit payable to those whose income falls below the scale rate determined annually by Parliament, does not apply to married women or women who are cohabiting. In addition, the principal means of income support for the disabled is the invalidity benefit, available to those who have contributed to national insurance in the past and who have received sickness benefits for 28 weeks. Since many women do not make contributions, it inevitably works against them.

The noncontributory invalidity pension (NCIP) began in 1975. It was designed to cover an estimated 220,000 men and single women of working age who had become sick or disabled before they had been able to accumulate enough contributions to claim sickness and invalidity benefits, and were therefore, in all probability, relying on long-term supplementary benefits. The government made it clear that disabled married women were to be excluded, but objections forced the government to extend the new legislation to cover married women. However, whereas men and single women have only to prove that they are incapable of paid employment, a married woman is required to satisfy the Department of Health and Social Services (DHSS) that she is also incapable of performing normal household duties.

To date the DHSS has been unable to give a workable definition of what is meant by incapacity to perform "normal household duties." The National Insurance Advisory Committee stated that it was a subjective test, in that it is the claimants' own incapacity for normal household duties which is to be evaluated, however, by reference to the objective standard of the duties which a capable housewife should perform were she in the claimants' situation.

The Disablement Income Group (DIG), a national voluntary organization campaigning to improve the situation of all disabled people, was founded in 1965 by two disabled housewives who discovered on becoming disabled that no assistance was available to them. As Campling<sup>16</sup> points out, in England the most urgent need is for a tax-free disablement allowance based on the sole criterion of incapacity. This allowance would provide for the extra costs of disabled living and the changing role of women in our society.

DIG also conducted a study based on 14 disabled, working age housewives from Merseyside who suffered from a locomotor disability and most of whom had at least one dependent child. They study concluded that in addition to the financial burdens caused by the cost of disability, these housewives were in a very intense struggle to overcome their physical handicap and to be accepted in society.<sup>17</sup>

Another study of the needs of a small group of disabled married women, published by the Disability Alliance of England to coincide with the introduction of invalidity benefits for housewives, criticized the benefit for perpetuating traditional assumptions about a woman's dependence upon her husband and the inevitability of her role as a housewife after marriage. The study points out that it remains to be seen how officials will judge claims, suggesting that even those who may be substantially disabled will not be accepted for payment of the pension. The Disability Alliance's concern was shared by a number of organizations, and welfare rights agencies.<sup>18</sup>

In Israel, as Yisrael<sup>19</sup> described, a housewife is recognized as disabled whether her disability expresses itself physically or mentally. However, the housewife must first be assessed by a government committee to determine her "percentage of disability" before becoming eligible for a disability pension, and must be judged to be at least 50% impaired to qualify. The committee takes into account: "(a) The housewife's physical, intellectual and mental deficiencies; (b) her ability to continue to function in her household; (c) her age. The extent of the housewife's need for help in managing her household and the number of children dependent on her will also have an influence on her pension. These factors are expressed in the types of pensions to which she is entitled." (p. 4)

To receive a full pension, she must be regarded as at least 75% disabled, with lesser amounts granted to persons with lower degrees of impairment. Yisrael applauds these measures as a great step forward but says, "To leave the situation as it is means strengthening the discriminatory -- rather than the egalitarian -- approach towards housewives." (p. 4)

Because of prevailing sex role stereotypes, many single, divorced, and widowed women who are severely disabled and heads of households with dependent children do not receive disability-related benefits as often as men.<sup>1</sup> This trend has serious implications for developing nations in which about one-third of the women may be heads of households. There is a great need to make vocational as well as physical rehabilitation equally accessible to women and to provide severely disabled women who are heads of households with the same level of public assistance as severely disabled men. Not all disabled women have or like the option to stop working and to become financially dependent upon their husbands. Many disabled women have to carry the entire financial responsibility for their families and children in the presence or absence of a husband.

### Services

In the developing countries, there are many differences in the availability of health services in urban and in rural areas, at various socio-economic levels, and within various racial and minority groups. Many countries are attempting to reduce these differences through program directed towards minority and high-risk groups and towards rural areas, and are using innovative approaches such as mobile clinics, trained traditional midwives, local health workers, and indigenous health workers. However, apart from maternal and child health programs, few countries have programs directed specifically towards women.

According to a 1981 International Labor Organization

report,<sup>1</sup> women with disabling conditions that are more prevalent among men receive less effective health care (which may aggravate their disability) partly because there is hardly any research on these conditions on samples of women patients. Thus, we do not know whether or not, or the extent to which, disability affects women differently from men and requires different types of rehabilitation services for its management. Furthermore, it is important to monitor the changes in the types and frequency of disabilities that may affect women as their roles expand to include gainful employment for long periods of their lives. Heart attacks, for example, represent an illustration of a disability needing research with regard to women. Until recently, in some developed societies Caucasian males having heart attacks outnumbered Caucasian females and practically all research undertaken focused exclusively on men. There is, of course, another reason for this exclusive research focus on male cardiac patients: they are the ones who have been expected to return to gainful employment.

With respect to access to rehabilitation services, the available evidence points to the existence of serious problems even in societies with highly developed services such as Sweden and the United States. As long as the potential for a return to gainful employment is a crucial criterion in the delivery of rehabilitation services, most disabled women will be left out. The reason for this is that women, even when working before the onset of their disability, have been viewed as "bad rehabilitation risks" since most of the married women have been reported not to return to their previous jobs but instead withdraw to housework.<sup>2</sup> This criterion of "a potential to return to gainful employment" has spread sex discrimination in rehabilitation programs as an integral part of these programs. Furthermore, as housework entails many diffuse and more or less flexibly defined tasks and responsibilities, even severely disabled women without the benefit of physical rehabilitation may be able to carry out some of these tasks some of the time, even when this is accomplished with unnecessary pain and limitations. The housewife and mother roles tend to "mask," to some extent, limitations experienced by the disabled woman herself. Because of this, little attention is paid to the rehabilitation of the women homemaker and mother beyond a few sporadic studies.

## Part Two: Mechanisms to Overcoming Barriers

This section reviews some of the mechanisms or tools that women may use to overcome the many barriers to improvement of their status in education, employment, health and/or disability, and their entitlement to available benefits and services.

### Use of Media

A major obstacle in improving the status of women lies in public attitudes and values concerning women's roles in society. The mass communication media have great potential as a mechanism or vehicle for social change. The media could exercise a significant influence in helping to remove prejudices and stereotypes, accelerating the acceptance of women's new and expanding roles in society, and promoting their integration into the development process as equal partners.<sup>3</sup>

To further explain the influence of media, Gallagher<sup>4</sup> states: "In a world where women's access to political and economic power is in most cases severely limited, their status and roles are defined within political, economic and cultural systems which tend to exclude them from active participation. So, in the sense that cultural agents or institutions contribute to the socialization process within systems which are directed by political and economic imperatives, the mass media's role is primarily to reinforce definitions and identities set in a framework constructed for and by men." (p. 20)

In her article Gallagher describes two factors related to the structure and internal demands of media organizations, both factors implying that the mass media play an important role in socialization by reinforcing traditional values within society. These factors are: (a) the sexual composition of the media work-force which in almost every country is predominantly male, especially in the area of management and production; (b) the fact that mass media relies heavily on the use of simplified, recognizable and standard characterizations for output formats.

The media, according to this view, plays a conservative role in society by fulfilling a primarily reinforcing role rather than a transforming one in the culture. In a changing society, traditional values and beliefs are reinforced through legal constraints in both private and public management of media production. This barrier limits women's efforts in media participation.

Data confirming or refuting this theory have been very difficult to collect. Information from Africa and most other developing nations is scant, while data from Eastern European countries is difficult to locate. This difficulty is explained by the fact that in most Eastern European socialist countries a specific set of problems concerning the relationships of women and the media do not seem to be formulated in a distinct way.

Besides Gallagher, other authors have emphasized the problems with existing research concerning the relationships of women and the media. As UNESCO<sup>5</sup> reports, "whereas theoretical analysis of female sociology, few studies of an empirical nature have actually considered the relationship between women and the media." (p. 23) Furthermore, Cuervas<sup>6</sup> points out that most studies are of a fragmentary nature not allowing a clear picture of the image of women put forward by the media. One reason for this, she explains, is that this image is in a constant state of change. In general, however, the available data suggests a portrait that is traditional rather than representative of the modern age.

Even when women are engaged in nontraditional roles, they are described by media in traditional terms. The University of Louvain in Belgium did a study showing that newspapers invariably define a woman through her relationship with a man, emphasizing either her role as a mother, wife, or as a sex object. In addition, the newspaper media, in women's sections, generally offer articles about cooking, fashion, high society and entertainment that have always been considered as most "appropriate" to women's interests.

Pressure to portray "acceptable" female images about women's efforts to organize have resulted in the following kinds of headlines. At the 1975 International Women's Year World Conference, headlines included:

"Feminists Fight at Meeting" (Daily Telegraph, Australia, June 1975), "Feminists Scream Insults at Meeting" (Canberra Times, Australia, June 1975). More recently at the 1980 Decade for Women Conference: "Conference Women Scuffle with Police" (New York Times, July 1980), "UN Women's Meeting Snarled in Politics" (Christian Science Monitor, August 1980), "A Discordant Conclusion for Womens Conference" (New York Times, August 1980)." These represent simplified, standardized characterizations of women exploited by press bias. This barrier downgrades women's participation in planning and decision-making.

Margaret Gallagher points out that women who determine, control, select, and present the media rarely exceed 30% in any country, and most often women hold not more than 10% of these jobs.<sup>12</sup> The following is an example of where and to what extent women participate in the media today. What we find is that until women constitute a "critical mass" within the media, the ability to confront accepted cultural and professional values is limited.

1. In Sweden a 60:40 ratio in most occupational sectors is claimed as national equality. Swedish women are found concentrated at the lower levels of any given job.
2. In 1975 the Canadian Broadcasting Corporation (CBC) found 93% of management-level jobs at CBC were held by men.
3. The Australian Broadcasting Commission stated in 1977 that no management positions were held by females. In Japan 1% of these positions were held by women.
4. In 1978, 14 members of Finland's Board of Broadcasting Directors were male and the same pattern is repeated in Journalism as well.
5. In the United States one quarter of editorial jobs belong to women: these are heavily concentrated in traditional female areas and with no obvious line of promotion.<sup>13</sup>

To facilitate women's most effective use of the media in order to overcome some of the barriers that may preclude them from reaching an improved social status, the United Nations and its specialized agencies<sup>14</sup> made the following recommendations to the governmental and nongovernmental organizations from various countries:

1. Governmental and nongovernmental organizations should encourage research to determine the image of women and men portrayed by the media, and the negative and positive influences exercised by them. These organizations should also take steps to ensure that information is provided on the current situation of women in various countries, with particular emphasis on the changing roles of both sexes.
2. Those in control of the media should seek to raise the public consciousness with respect to these changing roles. They should be urged to project a more dynamic image of women and to take into account the diversity of women's roles and their actual and potential contribution to society. They should depict the roles and achievements of women from all walks of life throughout history, including women in the rural areas and from minority groups. They should also seek to develop in women confidence in themselves and in other women and a

sense of their own value and importance as human beings.

3. Women should be appointed in greater numbers to media management, decision-making and other capacities as editors, columnists, reporters, producers and the like, and they should encourage the critical review, within the media, of the image of women projected.

### Education/Training

As mentioned earlier in this paper, a very high percentage of women in most developing nations are illiterate. Taking into consideration that the print medium is the cheapest, most accessible medium of communication, illiteracy prevents women from having access to most information and knowledge about their rights, opportunities, benefits and available service.

A 1975 study done by UNICEF<sup>15</sup> points out that 40% of the world's women have no access to newspapers. The proportion reaches 51% in Asia, 83% in Africa and 85% in the Arab states. Besides print media, the radio represents another source of information and education for most women around the world. There are reports from many countries of group listening to educational radio programs while at work in the fields or in the market place. In Egypt, for example, it has been estimated that women account for 70% of the audience for radio literacy courses.

Improving women's education and training levels is a "must" if women are to improve their social-economic status and equally compete with men for the various opportunities offered by societies in different countries. A 19-year-old woman from Kenya expressed this feeling in her vision of the future: "Girls and boys should be educated the same. I would make rules and teach women who are not educated and who have never been to school. And I would change the laws so that men would understand women and their needs and not beat them as they do."<sup>16</sup>

### Networking

The organization of women's groups and associations to discuss and find solutions to some of women's problems represents another effective way of dealing with barriers. This networking approach has been adopted very efficiently in some African countries where women need to find solutions to basic problems such as access to transportation, finding income-generating jobs, and taking care of children.

In Kenya, for example, where the notion of self-help is very strong among rural women's groups, village women managed to buy and operate their own country bus. To be able to afford the bus, the group held a fund-raising auction every month selling eggs, mangoes, charcoal, firewood, chickens and baskets. In response to the Plan of Action adopted in Mexico in 1975, a network project organized by UNESCO, financed by the U.N. Fund for Population Activities, is facilitating news and related information concerning women. Five regional networks for women (the Arab countries are still at the planning stage) were set up and four are functioning actively. Currently, these include networks to disseminate information about



women's issues to women in Africa, the Caribbean, Asia and Latin America.

### Conclusion

In reviewing the situation of women in general and of disabled women in other countries, we are able to identify similar barriers precluding women from equal opportunity in employment, education, delivery of health and rehabilitation services and eligibility for benefits.

In some less developed countries both able-bodied and disabled women are treated in an overprotective manner with consequences that restrict their opportunities for full and equal participation in society. In other countries, especially the socialist countries, women's work capabilities provide them with status and rights in society that approximate those of men.

In some societies where the work ethic is emphasized, women who are disabled and unable to work are perceived quite differently from their able-bodied counterparts. Although they are entitled to several benefits and other forms of assistance with the purpose of improving their quality of life, it can be argued that these privileges may further discriminate and shelter disabled women from full integration.

As discussed in the second part of this paper, a major obstacle in improving the status of women lies in public attitudes and values reflected by the mass communication media concerning women's roles in society. The same principle applies to images of disabled people projected by the media. Only recently in connection with activities for the International Year of the Disabled Persons have some changes occurred within the media to educate the general public about disabilities and disabled persons. A greater exposure has been given to this theme, thus building greater acceptance of the disabled in general. In addition to the importance of using the media as a vehicle to modify society's values toward the disabled and more specifically toward those who are doubly discriminated against by being female and disabled, access to equal education and training and the use of networks of people/organizations need to be stressed as resources to overcome the many obstacles faced by women. The need exists to fight these barriers if disabled women are to be treated differently from what Castle (1978) refers to "as second class citizens entitled to third class benefits."

□

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## Excerpts of Reviews and Comments

*The following are excerpts of reviews, comments and questions raised by the Switzer participants. These are presented to further stimulate thinking as well as action as it relates to the content of the chapter by Denise D. Tate.*

This is an excellent paper which presents us with a startling perspective of where our own country stands in terms of the status of women and their accessibility to health care, education, and rehabilitation. It consequently gives American women a sense of tremendous responsibility in accepting a leadership role for all women with the hope of upgrading conditions for women of the present and the future.

It is my hope that the presentation of the paper at the seminar and its subsequent circulation, will impress upon everyone the absolute serious nature of these issues and dispell the widespread myth that these concerns are no more than an exproression of frustration acted out by American women.

**Joan T. Barker**

What is needed is an exchange of professional personnel and the development of more "student aid" earmarked for disabled women to take advantage of training within the U.S. schools/universities. Exchanges of the university as well as working professionals may need to be increased, for those countries who are interested.

It is a totally fascinating paper and is mentally stimulating to any reader who becomes complacent at singular accomplishments of individuals or groups.

**Martha M. Carrick**

The backdrop against which the senario of international rehabilitation was presented is so broad and the dark areas so dark that it appears overwhelming. We must struggle to change our mindsets in order to understand the full spectrum of the needs of women who have been pushed down so long and denied the nutritional, medical, educational and social opportunities and services that we so often take for granted.

How effective was the Peace Corps overall, and is it still a viable model? In reporting the huge amounts of foreign aid given developing countries, does the government and/or media factor out the amounts for armaments so that we have an accurate knowledge of the contributions that actually help feed, clothe, house and train the people who will accept them? Many Americans

feel that we are and have been very generous. Are they looking only at the totals that include armaments rather than those assigned to women and girls in refugee camps? It appears that aid provided by the developed countries is syphoned off until only a trickle filters down to those for whom the aid was intended.

The International Women's Year and the International Conference on the Situation of Blind Women dramatized the status of women in various countries. Are the United Nations and the United States aggressively pursuing the recommendations of these conferences? I feel that the media and our own governments have not emphasized the International Year of Disabled People as much as they should. To what degree is this fact due to the lack of participation of associations, councils, and federations of disabled persons? Coalition building needs to be stressed. My experience has shown me that one disabled group has little understanding and/or empathy for other disabled groups. Are some associations, councils and federations for training disabled people training their members in the skills necessary for effective functioning and participation in governmental affairs?

**Billie P. Elder**

A recent meeting of physiatrists from some 35 countries was held at the Institute of Rehabilitation Medicine, sponsored by the World Rehabilitation Fund. This reunion was part of the celebration of IYDP and a tribute to Dr. Rusk's 80th birthday. A few highlights relating to women are cited for your information. Dr. Chung Hi Oh of Korea, now the Medical Head of Rehabilitation and Chief of Physical Therapy Training reported that when she returned to her homeland and tried to promote rehabilitation services, she had the dual problem not only of a new approach but also the fact that it was the first time a woman had stood up before her male peers to present her papers. It was also reported that in the Philippines previously all medical residents were male, now they are all female. All of the presenters asked for continued communication and international exchange of data and technological advances.

**Thelma Schmones**

I don't know that it belongs in the particular paper, but I was constantly reminded while reading it that we have a sizeable number of "third world nations" within our own country, -- e.g., the Navajo Nation, to name only the largest -- wherein the status of women requires massive attention. Women migrant farmworkers constitute another group that has been given far less attention than deserved. In rehabilitation circles, the phrase "It's easier to place a quadriplegic with a college education in a job

than a migrant farmworker with a successfully repaired hernia" has become a cliché illustrating the supreme difficulty entailed in rehabilitating women or men who lack education, language skills, entrenchment in twentieth century culture, and access to even the available support systems. If the author has available information on such American subpopulations, its inclusion could be a valuable addition to this paper. If not, perhaps these issues can be addressed in a future seminar.

**Carolyn L. Vash**

## Summary of Recommendations

*The following is a summary of recommendations and implications for action developed by the Seminar participants as they related to the topic of the fifth chapter. (The recorder was Christine E. Lord).*

### 1. Service Delivery in Other Countries

- a. There is an urgent need to improve medical care in less developed countries and demonstrate the necessity for vaccination and other health practices to prevent epidemics.
- b. It is important to identify and train local citizens to provide service delivery. Too often foreigners that provide technical assistance return to their homeland leaving a vital gap in personnel and services.

### 2. Policy and Program Development

- a. A principle activity of the Administration of International Development (AID) should include distribution of food to disabled persons on an equal-share basis.
- b. Sex education, family and mothering skills ought to be included in the educational process for disabled women, especially in infant stimulation and prenatal prevention programs.
- c. International organizations such as the Council of International Programs, International Education and Cultural Affairs of the International Communication Agency should include disabled women in programming for education and cultural exchanges involving persons from developing countries.
- d. Insure that international organizations such as the UN, AID and other private volunteer organizations, devote special attention to needs of disabled women and children who constitute a large part of the refugee population in foreign nations.
- e. Involve disabled women in the decision-making process in international agencies that provide rehabilitation services for disabled persons. This involvement is also imperative at the national and local levels in all countries.
- f. Examine low-cost technologies which are effective in other countries and adapt them for use in the United States.

### 3. Training

- a. Develop greater efforts to make available educational materials and information regarding grants and other aid to disabled women in other countries.

- b. Encourage continuing efforts towards development of public understanding and resources for health and education in connection with disabilities. Recognize the special need to improve the status of disabled women during and after the International Year of Disabled Persons (IYDP). Develop a World Action Plan that goes beyond a one- or two-year time period.
- c. Emphasize community rehabilitation and increase community awareness of disabilities and the meaning of rehabilitation and habilitation.
- d. Provide managerial training for disabled women at all levels of government.
- e. Promote infant stimulation and disease prevention programs.
- f. Encourage other models of technical assistance such as the Peace Corps to become even more involved in serving the needs of disabled persons. In this case non-government agencies and organizations can mount creative experiments less possible under strictures of governmental policies on use of funds.

### 4. Research

- a. Encourage studies which look at the employment interests of disabled women in developing countries. Organizations such as the International Labor Organization (ILO) would be appropriate for such data-gathering and dissemination which would lead to appropriate planning and action. Leadership in this area is critical.
- b. Design critical studies on women and disability in developing nations to overcome the current gaps in needed data. Currently only gross figures exist about disability in general in many developing nations as well as in some of the more industrialized countries. Means to improve the data base in all countries needs attention and action if limited financial and managerial resources are to be used most effectively.

### 5. Legislation

Priorities for disabled women in foreign aid funding allocations should be set in order to insure attention to this often neglected segment of all societies.



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**Joan T. Barker, (Ex Officio)**

**David L. Mills (Ex Officio)**

**A Pictorial Review of the . . .**

## **Sixth Mary E. Switzer Seminar**

**All photos by Charlie Shoup, Gallaudet College**



**WE'RE GLAD YOU ARE HERE** -- The Sixth Mary Switzer Seminar had an excellent opening when these two dignitaries welcomed the participants to Washington and to Gallaudet College. Jean Tufts (left), Assistant Secretary for Special Education and Rehabilitative Services, Department of Education, delivered a welcoming address and Dr. John Schuchman, Vice President for Academic Affairs at Gallaudet gave a warm welcome from the host institution.



## Switzer Seminar



**TALKING IT OVER** -- Two Switzer Seminar participants discuss the issues during a reception hosted by Dr. Edward C. Merrill, Jr., President of Gallaudet College. Elizabeth Minton (left), West Virginia R&T Center, Dunbar, W.V.; makes her point to an intent co-participant Billie Elder, of the Arkansas Enterprise for the Blind, Little Rock, Ark.



**I AGREE** -- Seminar participant Evelyne R. Villines (left) of the Easter Seal Center, Des Moines, Iowa, enjoys a short discussion with Seminar Coordinator Dr. Leonard G. Perlman at the President's home on the Gallaudet College campus.



**OFFICIAL RECOGNITION** -- Yetta Galiber, a participant in the Sixth Mary E. Switzer Seminar from Washington, D.C., had her certificate presented to her by her boss, Washington, D.C. Mayor Marion Barry (left). Attending the ceremony in the Mayor's office was Seminar Coordinator Dr. Leonard G. Perlman.



**OPENING SESSION** -- Dr. John Schuchman, Vice President for Academic Affairs at Gallaudet College, addresses the opening session of the Sixth Mary Switzer Seminar. The front table, facing the camera from the left, includes Jean Tufts, Assistant Secretary of Special Education and Rehabilitative Services for the Department of Education; Martha Lentz Walker, Kent State University who is currently writing a biography on Mary E. Switzer; Schuchman, Kathaleen C. Arneson, Chairwoman of the Seminar and co-editor of this monograph; Dr. Leonard G. Perlman, Seminar coordinator and co-editor of the monograph; and Dr. James Burrell, Seminar committee member.

## *Sixth Switzer Seminar*

**TRIPLE DUTY** -- It was triple duty time for Joan T. Barker, Versailles, Ky. Barker was an author of one of the five Seminar Papers and is the current Chairperson of the National Rehabilitation Association's Commission on Professional Concerns that administers the Switzer Seminar. It will be part of her NRA Commission duty to plan the Seventh Switzer Seminar and oversee the selection of its participants. Here Joan also enjoys the refreshments at the President's Reception at Gallaudet.



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Despite the demands on the national and federal scene, her presence was almost ubiquitous in behalf of program development and extended services to needy people. On a regional, state or local level, be it public or voluntary services, if it were in the interest of rehabilitating those in need, somehow, she would "arrange to be there."

The WHO'S WHO's has chronicled her many national and international awards. Also recorded are her presidencies of many organizations including NRA, whose members and their efforts she held in high esteem. But she did not reach the heights of her ability when she was made the first Administrator of the Social Rehabilitation Services, not when she retired from the position, nor when she became internationally involved in the World Rehabilitation Fund. Instead, she found her greatness when she touched each of us bringing our full humanitarian efforts and qualities to the fore in behalf of disabled and disadvantaged people. While readily recognized as a truly great administrator in the classical sense of the word, her true capacity and ability can only be appreciated when we realize that these accomplishments sprang from an inner expression of sensitivity, emotional refinement and dedication to serve all less fortunate people. Her egalitarian qualities were not contrived but spontaneous, stemming from love and respect for all living things.

All of us in NRA and in rehabilitation and all handicapped people have had better, more meaningful, and more productive lives because her presence and her being were sufficiently large to embrace and accept us as we are and help us better understand where we should be.

What more can be said than that we had the joy and privilege of knowing her?

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This memorial tribute is quoted from E.B. Whitten,  
*Journal of Rehabilitation*, November/December, 1971